BREAKING THE SILENCE OF THE LAMBS: A CHURCH-BASED INITIATIVE TO REDUCE OR ELIMINATE HIV-RELATED STIGMA

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ABSTRACT

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The context is New Salem Missionary Baptist Church, in Columbus, Ohio. This project examines how educating church members and its leadership leads to reduction of HIV-related. The hypothesis is that participants attending a four-part training series will increase their understanding of the effects of HIV/AIDS on the community and how stigma serves to perpetuate its spread. A qualitative methodology is used including a four-part training series, focus group, and personal stories. The data demonstrated, with education, increased understanding and compassion increased for people living with HIV/AIDS.

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DEDICATIONS

To Daddy, Mommy, Chris (R.I.H.), and Sean, thank you for your love and support. To my friend and sister, DJuana, I could not have done this without your prayers and encouragement. Thank you for always being there in good times and bad. And finally, to Kim, Roger, Freddie, Michael, Kevin and the scores of others - you are gone but never forgotten. The world misses you!

LIST OF ABBREVIATIONS

A.C.T.s or ACTs	Action, Caring, and Training
AIDS	Acquired Immune Deficiency Syndrome
AODT	Alcohol Other Drugs and Tobacco
ASO	AIDS Service Organizations
CDC	Centers for Disease Control
FACES	Family AIDS Clinic and Education Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immuno-deficiency Virus
HRSA	Health Resources Services Administration
MSM	Men having Sex with Men
NASB	New American Standard Version
NCH	Nationwide Children's Hospital
NRSV	New Revised Standard Version
New Salem or NSMBC	New Salem Missionary Baptist Church
PLWH/A	People Living with HIV/AIDS
R.I.H.	Rest In Heaven
S.A.L.E.M.	Serving, Always Loving Every Moment
SCSN	Statewide Coordinated Statement of Need
STD/I	Sexually Transmitted Disease/Infection
TNIV	Today's New International Version

INTRODUCTION

The issue of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) has been a topic of discussion in the United States since the early 1980s. Initially thought to be a gay white man's disease, this unknown illness with an unknown origin gave way to stigma resulting in hate crimes against many people infected or affect by it. At the time, both adults and children suffered under the harsh judgment of their families and communities, including employers, schools, insurance providers and many others. Sadly, even the church used HIV as a platform to launch accusations of sin and immoral living on anyone falling victim to the virus.

From the onset of the HIV epidemic, the doctors and nurses of the Nationwide Children's Hospital FACES Program provided tireless hours of care, treatment and education to many infected mothers and children. Today, they continue to provide the same amount of care to infected women, men, children, youth and adolescents infected and affected by this disease with hopes to one day see HIV/AIDS eradicated.

Since 2000, the pastor of New Salem Missionary Baptist Church (known as New Salem or NSMBC from this point) has placed his support behind its HIV/AIDS ministry hoping to bring a greater awareness to HIV/AIDS. With the prevalence of HIV among African Americans being higher than any other population,[1] New Salem, a predominantly

[1] "HIV Among African Americans," Centers for Disease Control and Prevention, accessed May 7, 2015, http://www.cdc.gov/hiv/risk/racialethnic/AA/facts/index.html.

African American congregation continues to be one of the only churches in the city of Columbus, Ohio with an active HIV/AIDS ministry. Informing the congregation and surrounding community how to prevent the spread of HIV through various efforts, including information dissemination, community health fairs, as well as counseling and testing collaborations continues to be a priority. Unfortunately, it is not enough. Sadly, church pastors, leaders and congregations continue to stand by silently while people in their midst suffer in silence and in fear of what will happen if someone finds out they or someone they love is infected. In order for HIV/AIDS to be eradicated, HIV-related stigma must first be eradicated. It is imperative that the church get involved in the fight.

In light of these concerns, the purpose of this project is to develop an initiative to educate church leaders and congregants about HIV/AIDS as a means to dispel myths, raise awareness of how to prevent its spread, and give a clearer understand of the responsibility the church has in this fight. The expected results are that participants attending a four-part training series will increase their understanding of the effects of HIV/AIDS on the community and how stigma serves to perpetuate its spread.

In Chapter One, we look at my spiritual autobiography including my journey leading up to ministry within my church context, New Salem, as well as my vocational context, the FACES Program, and how the two are intertwined.

Chapter Two highlights some of the contemporary references used for this ministry project. The references used lend expertise to research and programs centering on the silence of the church as it relates to HIV/AIDS and the effects of stigma.

Chapter Three utilizes Job 42:7-9 and Luke 10:25-37 to establish a biblical foundation for the project; compares the fourteenth century church’s response to the

Black Death and that of the twenty-first century church's response to HIV/AIDS to set the historical foundation; and draws from past and present liberationist theorists to build a theological foundation. Each of these foundational components relate to the church's mission and ultimate responsibility to minister to the needs of disenfranchised and marginalized people, including those living with HIV/AIDS.

Chapter Four will outline the methods, including a four-part training series; a focus group and the use of personal stories were utilized to collect data for the project. This section provides information that supports the hypothesis of the project.

Chapter Five gives discussion to the implementation of the project. It further provides results of data collected, analysis, and outcomes obtained from the pre and post-test surveys, including comments from the focus group and individual interviews/stories.

Finally, Chapter Six gives a summary of the information and data collected, providing a thoughtful evaluation of the project highlighting successes and shortcomings. The chapter also offers recommendations for future trainings and research projects.

CHAPTER ONE

MINISTRY FOCUS

Spiritual Autobiography

I am the second of three children born to married parents, Hurdie, Jr. and Eleanor (Ellie) Billingslea. Although the middle child, in some respects, I am also a first and only child in that I am the first and only daughter. Some would even say that I am also the baby of the family, being a daddy's girl. I was born and raised in Columbus, Ohio where I attended and graduated from the Columbus City School System in 1981. For the first two years of my life, we (my parents and brother, Chris) lived in an apartment with my maternal grandmother, whom we called Nana, but pronounced as "Na-na." It was during the second year of my life that I experienced my first significant loss. Nana died from complications of uncontrolled high blood pressure. Shortly thereafter, we moved into our first home located in a fairly new middle class neighborhood. This is the house I grew up in and the house that my parents continue to live in today. Chris and I were very close during our early childhood years. We were so close that my parents called us "Bonnie and Clyde" because of the trouble we got into together. My younger brother Sean was born a month before my fifth birthday. I entered kindergarten at six years of age, a year later than most of my peers, because my birthday falls after the enrollment deadline. In addition to my school readers, I read my father's old King James Bible as a means of learning to read.

I often tried reading the entire Bible in one sitting, but I never made it past Deuteronomy, Leviticus or Numbers. By my late teens and early twenties, my fascination turned to Biblical tracts because the language was simpler and they communicated the gospel message more clearly. Whenever I found one, I would read it and pray the "Sinner's Prayer." Even at a young age, I knew I did not want to go to hell. However, it would not be until much later in my life that I would begin seeing God at work in my life.

Although I do not remember a lot about the third grade, I do remember it was during this time that I had my first kiss and sexual experience. A childhood male friend and neighbor, named Brian, taught me how to "French kiss" and would "dry grind" me while we played Hide and Seek before going to school. He would also do this whenever we took the short cut to school through a wooded path along a creek. Brian was the son of neighbors, whose parents were friends with my parents. On some level, I knew what we were doing was wrong, so I never told anyone about the times Brian and I played "house." As a matter of fact, it was about twenty-six years later, while in graduate school training on *Sexual Abuse for Victims and Perpetrators*, that I came to realize I was a part of a growing number of women who had been molested as children. This was very sobering for me because I still believed and felt that I had consented to everything that Brian did. I felt at least partially responsible, so I did not share what I had experienced with anyone.

I began having some memory flashbacks about seven years ago, but to this day I still do not remember anything about the third grade. I never asked where God was at the time all of this was going on, but I believe he was right there in the midst, not allowing things to go any further than they did. I often wonder why the flashbacks started when

they did. Perhaps God thought I had lived with the shame and guilt of my past for long enough. Perhaps he knew I would be strong enough to handle it now.

I have always been a dreamer. I have dreamt of a variety of things good, bad and indifferent, so it did not strike me as odd when throughout my childhood and into adulthood I experienced sexual dreams; dreams of engaging in sex and/or being raped by different men. These dreams involved men I knew, including male relatives, as well as those in which I did not know. As disturbing as they were, I never connected them to the incident from my childhood, and I only shared the dreams with a close friend or wrote them in my dream journal. It would be another several years before I would begin having flashbacks of various places along the route between my home and the local elementary school where Brian would touch and kiss me. The flashbacks generally only occurred while driving through my old neighborhood coming to and from visiting my parents.

Ironically, all of this went on while I was simultaneously mediating a situation at work between a student and an employee that brought issues of childhood sexual abuse to the surface for the employee. It was also a time when I was counseling several male and female clients who had been sexually abused as children. I could no longer ignore the fact that God was doing something. It seemed as though God was showing me how to apply the tools and strategies I used to help my clients work through their past abuse issues to work through mine.

He was helping me realize what I explained to my student was also true for me. Although I seemed to be a willing participant, I was not old enough or capable of consenting to what my nine-year-old mind could not understand. This was a major breakthrough for me.

Over the last couple of years, God has continued healing this area of my soul. As the Shepherd Leader of our women's small group Bible Study, God once again challenged me to trust him with my past hurt. We were reading the book *Draw Close to the Fire*[2] by Dr. Terry Wardle, Author and Professor of Formational Counseling at Ashland Theological Seminary. As I prepared for the week's lesson by reading the assigned chapter, it felt as if God had once again taken out his divine scalpel to continue his work. The words of this counselor came alive from the pages of his book and I began crying as I immediately sensed God whispering to me, "Now, you must tell your parents." This was the last thing I ever wanted to do. They would be devastated. Still, he spoke the same words, "you must tell your parents." It was not long before I went to talk to my parents and disclosed the secret I had lived with for more than half my life. They were hurt, but they were also supportive and apologetic for not protecting me. I am not sure if I expected anything less than the love and support they gave, but after I left their home, I felt refreshed. Not only was this task over, but in some way, it also felt as if a battle had just been won. Still, I knew the disclosure was not over. I needed to tell my brothers. As of this writing, I still have not told them, yet I continue to yield myself to the Master Surgeon.

I experienced a relatively healthy social life during my adolescent years, enjoying several school friends and an occasional boyfriend. Although I was not considered among the popular students, I had friends who were considered popular as well as some considered to be nerds or just not popular. Regardless of the group I identified with, all of my friends knew that my parents expected me to do well in school.

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[2] Terry Wardle, *Draw Close to the Fire: Finding God in the Darkness* (Abilene, TX: Leafwood Publishers, 1998).

Starting in the seventh grade, I seemed to lose my identity and became known as "Chris's little sister." Living in his shadow was difficult. Chris excelled in Math, Science and was known around the Junior High School as *"The Poetry Man."* On the other hand, I struggled with Math and Science and although good in English, poetry was not my strong suit. Unfortunately, teachers who previously had Chris as a student expected nothing less from me. Though a fairly intelligent student, I tried establishing my own identity in ways that were not always positive such as skipping classes and experimenting with marijuana. At the same time, I was invited to participate in a special program called "Project Move Ahead," which allowed students who were behind one or more grades to move closer to, or up to, their correct grade. Students who participated in the program would have to attend summer school classes between their eighth and ninth grade years as well as their ninth and tenth grade years. Having started school a year later, my dad thought it would be good for me to get into this program. I was not convinced this was a good idea, but my dad assured me this was not a special education program, but rather a program for students who had proven they were able to do the extra work. There were some difficulties moving from ninth to tenth grade, as I was now the youngest in my peer group. Many of the friends that had been in the same grade with me since we started school were now a grade behind me.

This proved to be a social difficulty that neither I nor my parents considered. I no longer fit in with peers my own age or other neighborhood kids in my same grade level. Fortunately, this dilemma appeared to quickly resolve as I aligned myself with other students who I had not grown up with. It also helped that my brother and I decided to attend different high schools.

At home, I experienced what could be seen as normal sibling conflicts with my brothers. However, it would be Chris who inflicted the most torment. He would take something he heard my mother say and use it to inflict as much pain as possible. For example, I entered puberty as I also entered the seventh grade, and I began gaining weight. My mom would scold and admonished me to “sit up straight” and “hold your stomach in.” Some days she would say, “don’t eat that or you’ll get fat.” She even made up a song to sing as an attempt to deter me from overeating or snacking: “Fatty, fatty two by four can’t get through the kitchen door.” This was a saying she had posted on the refrigerator as motivation while dieting when we were kids. So it was with this song that Chris would torture me. Sean would then follow suit just because he thought it was a funny little game. There were many squabbles among the three siblings, with one or two major blow-ups between Chris and me. One such blow-up occurred due to an argument over who would drive whom to work. It resulted in Chris yanking me out of the car as I attempted to pull the car out of the driveway, and me going into the house getting my father’s gun. As I proceeded to load it, Sean called our mom at work. She was able to convince me to put the gun away and go to work. There were definite consequences to face when my parents arrived home.

Being the only girl was not easy. Our parents did not believe in spoiling their children, but I was, nonetheless, a daddy’s girl. There were times I felt my dad was my only ally. It seemed he was the one person who understood me during my adolescent and young adult years. This is not to say he was not hard on me because there were those times when he seemed to be harder on me than any of the other kids. He did not expect

me to be perfect, but he did expect me to do my best and never settle for less, and I love him for that.

Because of his job, dad travelled a lot causing him to be absent from the home much of my adolescent years. Oddly, his time away from home was not always noticed. This is not because he was insignificant but because of the quality of time spent with the family when he was home. On the other hand, I sometimes felt my mother loved the boys the best. I know now this was not the truth, but it was how I felt. These feelings were in part due to my mom being very critical of almost everything I did – my weight, my grades, the way I dressed, etc. There were also the occasional comments about what Chris had done and why I could not do it. Needless to say, walking in Chris' shadow did not stop when we left the school.

My parents instilled many values in us. One of which was a strong work ethic, yet neither pushed the issue of post-high school education. Yes, they encouraged each of us to go to college, but unlike many of my peers, it was never an expectation that the Billingslea children would go to college and earn degrees. They simply provided the option of going to school and/or getting a job – sitting at home doing nothing was not an option after high school.

Both of my parents were both raised in the church as children. They passed this value on to us by instilling the importance of going to church. Each of us was initially baptized as infants in the Lutheran church. While there is not much I remember about the way of Lutherans, I am aware that much of what I learned or adopted as religious tradition, such as reciting the Apostle's Creed, the Doxology, and even what is known as the Lord's Prayer, was first learned in the Lutheran church. Our family left the Lutheran

church and joined the African Methodist Episcopal (A.M.E.) Church when I was twelve years old. Unfortunately, I did not take a great deal from the A.M.E. Church. The focus seemed to always center more on its founder, Richard Allen, than on that of Jesus Christ. Instead of hearing the message of salvation through Jesus Christ each Sunday, the resounding message heard was, *"You've got to work out your own soul salvation with fear and trembling."* And while this is true to a degree, it is a statement that would take some twenty years for me to understand was delivered out of context.

My father was called to the ministry when I was fifteen and a half. This was a very tumultuous time for our family, but once the dust settled, it was a time that helped to shape my spiritual life. Dad became my Bible Teacher, Pastor, and ultimately my mentor. He was the one who encouraged me to search and study the scriptures for myself instead of allowing others to interpret them for me. This was also the point in which my curiosity about faith and God was rekindled. In his ministry, dad taught about faith and the power Christians had when they simply exercised their faith in God. Up to this point, I had only put myself in the position to learn. I was not interested in becoming a Christian because all the Christians I had met in church or known in school did not appear to be any happier or better off because of the god they said they served, and I was happily enjoying my life.

Approximately two years after graduating high school, after meeting and becoming friends with a female co-worker who was around the same age, I began occasionally attending church with her and her family. Admittedly, I was curious about this group of Christians. Unlike most of the Christians I had known, this particular group of Christians was happy and seemed to enjoy life. Their God was not the stuffy god that did not allow his followers to have fun. Their style of worship was also different – their

music was uplifting, they prayed aloud and often in a strange language; most important, the focus of their worship was on Jesus, not a man. The very first time I walked into the church, there was a genuine feeling of love that permeated the building. I felt like I belonged here. It was not long before I was spending more time in my friend's church and less at my own.

On August 28, 1983 at the age of nineteen, I accepted Jesus Christ as Lord and Savior and was baptized by immersion. None of my family was present because I really had not planned to make this decision on this particular day. I also did not expect to be baptized immediately following the service. I immediately shared what I thought was good news with my parents. Unfortunately, my mother's response felt like nothing more than an interested "that's good. I'm happy for you." Before my father put his stamp of approval on my decision, he wanted to first find out whether I felt a change before or after being baptized. After I confirmed feeling changed prior to being baptized, my dad then expressed his joy and approval of my decision. He wanted to make sure I had not been coerced into doing something because of the way this particular group believed. They believed you were not saved unless you spoke in tongues and were baptized in the name of Jesus.

Although I had accepted Christ and was baptized in this church, I believe the Holy Spirit would not allow me to join the fellowship. I continued to attend services, including all weekly Bible Studies, for the next two to three years. It was as though God was using this place and time as a spiritual Boot Camp Training of sorts. In addition to attending bible study at the church, I also started regularly attending the in-home Bible Study taught by my father.

The day after accepting Christ, I started school at Mt. Carmel School of Nursing, one of the top three schools in the United States at that time. I had applied and been accepted into their three year program after secretly challenging myself to apply just to see if I could get accepted. The challenge was made on the heels of a friend and fellow choir member sharing that she had missed church to attend a tour and orientation of sorts at the school of nursing, to which she had applied. This young lady and her siblings always acted as if they were better than everyone, so I applied to prove that I too could get into the school. To everyone's surprise, I was accepted and my friend was not. Unfortunately, my tenure at the school was short-lived lasting only one trimester.

As a newly converted Christian, I became preoccupied with studying the scriptures instead of studying my nursing courses. I ended the trimester on academic probation. Going to nursing school was not really my dream, but it was my mother's. This became very apparent after I moved back home and my mother kept pushing me to petition to return to nursing school, but I did not. I am sure God was trying to show me something, but at the time, I was not sure what.

In 1985, while working as a Patient Escort at Riverside Methodist Hospital, my paternal grandfather passed away. He had been in the hospital, and I had only gone to see him once. I am not sure if anyone was ever really clear as to what was wrong with him. He had been in and out of the hospital before each time bargaining with God for his health. He would always return home, but not this time. I got the news while I was at work. This was a difficult loss, but not as difficult as when my paternal grandmother passed away nearly one year to the day of my grandfather's death. Mama B, as she was called, had never been sick for as long as I could remember and was never in the hospital.

But here it was May 1986, just before Mother's Day, and she was in the hospital. I remember being at work and getting a call from my mother. They did not expect Mama B to make it through Mother's Day weekend. I made a mental note to go see her before the weekend was out. Then, I received another call saying Mama B's condition, whatever it was, had improved. The doctor fully expected her to recover and could not find anything physically wrong. I postponed my hospital visit thinking I would see my grandmother at home. Mama B passed away a couple of days after Mother's Day. The guilt and grief of not going to see my grandmother lasted several years. Guilt, because I did not take the time to go visit my grandmother in the hospital and grief because I never felt loved by this woman and she was the only grandparent I had left.

I enlisted in the U.S. Air Force Reserves in September 1986 as a means to awaken my brain. It was four months after Mama B.'s death. When my best male friend expressed doubt that I could make it through Basic Military Training, I took it as a personal challenge to prove him wrong along with everyone else who would dare to silently agree with this thought. In retrospect, I can see how God was simply orchestrating His plan to refocus my attention for the journey that lay ahead of me. It was the beginning of what would be a journey of learning to follow God's leading in every area of my life. So, I set off, leaving family, friends, and the love of my life, James.

My relationship with James led to a painful and challenging relational period. Although we had dated previously, James and I had rekindled our relationship the very day I signed my enlistment papers. The night before leaving for Basic Training, no longer wanting to leave, James encouraged me to go on and do what I needed to do, promising me we would get married when I returned. Six months into my training, after moving to

my third duty station, I called home to let my friends and family know where I was and received news from a close friend that James was engaged to be married. I was devastated, but not surprised. James had stopped calling and writing three months before. Nevertheless, the news sent me into a tailspin of drinking and unhealthy relationships with various men.

When I returned home after a year of training, I went back to work at the hospital and spent a year in search of a church home where I could grow spiritually with other Christian singles my age. I also enrolled in the local community college to complete my Associates degree in Allied Health Sciences, a military related degree. During this time, I engaged off and on, often tumultuously, with James as I sought to make sense of his deception as well as an attempt to move on with my life. Ultimately, it took about seven years for me to completely recover from his betrayal.

In 1989, I was invited to and ultimately joined New Salem Missionary Baptist Church, a fairly large church with a fairly young pastor and a membership largely made up of single adults with a median age thirty-five. My goal was to join the choir and get lost in this seemingly massive congregation. Unfortunately, this was not at all what the Lord had in mind. Not long after completing New Member's class, I was greeted, by name, by my new pastor. I knew I was in trouble. I felt like the needle that had been found in a haystack. New Salem proved to be fertile ground for my spiritual growth. My hunger for the Word of God increased, and I found myself attending two or three Bible Studies a week sometimes travelling out of town with my then spiritual mentor, Evangelist Landareece Brown, to attend a Bible Study in a nearby town. As a result of longing for a deeper relationship with God and after surrendering to His will, nearly one

year to the date of joining New Salem, I answered and accepted my call to ministry to preach the gospel. This yielding also resulted in finding my calling to the vocation of Social Work.

I completed my Associates degree in May of 1991 and immediately enrolled into Ohio Dominican College with the intent of majoring in Psychology. Shortly into the first semester, while studying at work, a co-worker who was a nurse began questioning what I was studying and what my ultimate goal was after graduation. Explaining that I was majoring in Psychology and intended to graduate and begin counseling people, Anna, my co-worker, asked if I planned to go to graduate school. She went on to explain that to do anything in psychology would mean that I would have to at least pursue a Master's degree. I had no aspirations of attending graduate school. On hearing this, Anna strongly suggested that I consider a career in Social Work. I quickly consulted with one of my professors, Dr. Martha Armstrong, who was a Social Worker. Dr. Armstrong confirmed what Anna had said, agreeing to allow me to transfer to the Social Work department, as long as my Psychology advisor was in agreement. I was allowed to complete the paperwork needed to change my major to Social Work. It was a bumpy start, as I was enrolled in school full-time, had continued to work full-time at the hospital, and maintained enlistment as an Aeromedical Evacuation Technician, which often involved week night training flights and/or weekend training trips. However, I was able to maintain my GPA and for the first time, spent the majority of my last two years on the Dean's List, earning two scholarships that would help lift some of the financial burden.

As stated earlier, I did not have any intentions of going to graduate school, but God had a different plan in mind. It happened one afternoon while I was hanging out with

a friend from the Philippines, who had a number of graduate school catalogues strewn on her dorm room bed. She explained that her parents expected her to go to graduate school after undergrad. For her, it was not a choice.

Flipping through the catalogues, I challenged myself to apply to three schools just to see if I would be accepted. I was accepted into the University of Maryland at Baltimore. This time, the lesson was an exercise of faith. God was challenging me to put feet to what I said I believed. He was sending me to Baltimore, Maryland, a place where I did not know anyone. I could only imagine this was how Abraham must have felt when God called him to "Go forth from your country, And from your relatives and your father's house, to the land which I will show you" (Gen.12.1, NASB).

Throughout the two years in which I resided in Baltimore, God's Word was illuminated in my life. This is especially true of Philippians 4.19, which says, "And my God will supply all your needs according to His riches in glory in Christ Jesus." He proved this to me again and again. In my first semester, when the rent was due and my financial aid had not come through, I found favor with my landlady, who agreed to cover my portion of the rent until my financial aid check came in. Unable to initially get a job, I learned the art of couponing to help stretch my money so I never went without a meal. My father had asked a clergy colleague to look after me, but whenever I attended his colleague's church, he and his wife always appeared anxious that I was going to ask for some type of help. Not surprisingly, when I did not come around, they would not call to check on me. I requested financial assistance from my church, but the assistance never came. I did not want to be a financial burden on my parents so I rarely let them know when I was in need of anything. But my mom's care packages always arrived just in time.

I also had two girlfriends who God used as conduits of His blessings. I never went without and God always supplied my needs.

Graduation was on Mother's Day, May 1997. I had no plans to return to New Salem when I came home, but God had other plans for me. I decided to attend mid-week bible study at New Salem, my first week back. Afterwards, my pastor asked to meet with me sometime in the coming week. At the meeting he handed me a large binder and when it was all said and done, a male counterpart and I were given the task of starting a Lay Counseling Ministry for New Salem. This meant developing a training curriculum as well as building a team to do the training. By September of that year, the first thirteen week Lay Counseling Training class was held. I saw my pastor as a father away from my father, so it came as no surprise when I realized I had been holding on to anger that was directed at Pastor. It was the reason I had not wanted to go back to New Salem when I came home. When I had surgery and was in the hospital for six days, in January 1995, Pastor did not come to visit me. It was difficult trying to explain this to my family. During Christmas break in 1995, while at home, I requested financial assistance to help bridge the gap until my financial aid came in. Pastor refused to loan me the money stating "the church does not make loans." However, he agreed to approve the funds through a scholarship. Unfortunately, the scholarship money never arrived. I called several times to let him know; without resolution. I blamed him. Now, here it was nearly two years later and the feelings had bubbled back up. During one service one Sunday morning, a guest preacher admonished the entire congregation to apologize to their pastor for anything they were holding against him. Knowing I was guilty, I immediately went to ask for

forgiveness for holding these grudges. It was the most difficult thing I have ever had to do, or so I thought.

Not long afterwards, the women's ministry invited Author and Speaker, Bunny Wilson to talk about her new book. As she ministered to the ladies, she began to talk about another book she had written called, Betrayal's Baby. It was a book on grief. She spoke about her tumultuous relationship with her mother and the steps God took her through to put their relationship on the path to restoration and reconciliation.

At the end of her talk, Ms. Wilson challenged and encouraged each of the women to think of one or two people in which their relationship was not good and go that person and apologize for their own part in the conflict, then allow God to take over and do the rest. I could think of a couple of people, but immediately, I felt compelled to go home and apologize to my mom. Even though I never felt at fault for our less than ideal relationship, I agreed to do it. I was frightened about the outcome but wanted to be obedient to what I believed God was asking me to do. I walked in the house, went straight upstairs and asked mom for some time to talk. Normally, my mom would never put her book down when I asked to talk, but on this day she did just that; she put the book down. What happened next was nothing short of God working his miracle. As I stood in front of my mother and asked for forgiveness for my part in making our relationship so difficult, my mom burst into tears, returned the apology and admitted that she had been wondering how to bring up this very subject to her daughter. We sat there in her room crying together, something we had never done before. God was chipping away at His plan.

In July 1999, preparing for an all-day training, DJuana, one of the Lay Counselors and a co-laborer in ministry, informed me that she might not be able to attend the training. Her husband was having what was to be an outpatient procedure where he might have to remain overnight for observation. However, the Saturday of the training, I received word that DJuana's husband, Tyler, had been admitted. Although I had made plans to go visit after church, Sunday morning, one of the senior ministers informed me that I should go to the hospital to be with DJuana as she was about to receive some bad news.

At first, what he said had not registered, but after a short period of time, his words replayed in my ears. Understanding the severity of her situation, I promptly left for the hospital. When I arrived, there were several other women from the church present. Most of them were members of the Women's ministry Leadership team, of which DJuana was a part. As far as I was concerned, these were some of the most spiritually powerful women in the church and they were here to pray for some supernatural stuff to happen. Immediately, I began asking God, "Why am I here?" As it turned out, Tyler had a massive stroke shortly after his procedure. He now lay unconscious. Just before my arrival, DJuana received word that Tyler would not recover.

Three years prior, Tyler was in a car accident and lay in a coma in which the doctors said he would not recover. Miraculously, he did, and after months of rehabilitation, he and DJuana were married. So, here we all were, praying and seeking the Lord for yet another miracle. Slowly watching his vital signs drop, I knew what it meant, but I was not sure DJuana or anyone else was noticing. Tyler's sister had left to go get his mom. Just as she returned and wheeled his mother across the threshold of the door, the

monitor showed a flat line. He was gone. No one seemed to notice as everyone was watching as his mother said good-bye. Driving home from the hospital, I continued to ask God, "Why? What purpose did it serve for me to be there?" DJuana and I were not even close.

The stressful period continued. Two weeks later, I received word that a friend's brother had committed suicide, out of distress of a failed marriage. I was sent not only as a friend of the family but also as a minister to comfort them. It was too much.
After leaving the grieving family, I had to stop by another friend's home where I immediately broke down crying. "God what are you doing? Whatever it is, I'm not ready!" Stress at work and two deaths in two weeks were too much. Desperate to get away, I planned and took an unauthorized couple of days off, drove to Baltimore to visit with friends, and got a tattoo. When I returned, sensing I would be fired or asked to resign, I resigned.

In September of this same year, DJuana and I would have the privilege of attending the National Association of Christian Counselors Conference and share a room at the Opryland Hotel in Nashville, Tennessee. Neither of us could imagine what God had in store for our relationship. While in Nashville, I was offered and accepted a job as a private practice therapist. I also accepted a contractual job working for a small Alcohol, other Drug and Tobacco (AODT) prevention agency.

DJuana began inviting me to her home for Sunday dinner. DJuana and another minister friend, Annette, were already good friends and had been engaging in this Sunday ritual for some time. Over the next few years, the three of us grew closer, often engaging in spiritual conversations and prayer after the meal. We called and talked on the phone

daily, just like school aged girls. Although still somewhat intimidated around DJuana and Annette, I noticed God was doing something with all of us. Together, our spiritual gifts were heightened. It felt like I was back in spiritual boot camp. We had become friends, sisters, and prayer/accountability partners. Unfortunately, Annette would later disengage from the trio for a period of time as she worked to establish her own church.

It was early the following year, in 2000, when I would lose yet another friend. This time it was the church's Youth Minister, Rev. Roy Garris. We accepted our call around the same time, but it was not until much later, when I began working as one of the High School Youth Bible Study teachers that we became close friends. Roy had been sick and rumors circled relentlessly that he had contracted AIDS, but he always denied this claim. The morning of his death, I knew something was wrong. There was heaviness in the atmosphere. I could see the grim look on the Pastor's and Executive Pastor's faces as they entered the sanctuary. He was gone. Pastor waited until the end of the service to make the announcement, but I had known from the beginning. It was certainly a difficult blow to the church family; youth and adults alike loved Roy. I was especially grateful I had listened to my heart and went to see him against his and the will of others. I am not sure whether Roy even knew I was there. But I had to let him know that I loved him and appreciated his friendship. I could not let another person leave this world without seeing them one last time if it was within my control.

In November of this same year, there would be an opportunity for me to be certified by the American Red Cross as an HIV Educator, Counselor and Tester. This was significant because a month before graduating from Ohio Dominican College, in 1995, I

received a call from a longtime friend saying her youngest brother, Kim, had passed away from complications of AIDS.

In January of the following year, while living in Baltimore, I received another call informing me that a co-worker and friend had just passed from the same illness. I knew about Kim's diagnosis but had only guessed at my co-worker's. The dichotomy of each man's last days – one surrounded by loving, supportive family and friends; the other with no one, except perhaps his mother – compelled me to make a vow to someday do something to honor the lives of both these men. Therefore, when the opportunity presented itself, I asked God to make a way for me to be able to participate in the training. My prayer was answered. January 2001 would mark the start of the New Salem HIV/AIDS Ministry called S.A.L.E.M. House. In addition to serving as a Co-Director of the Lay Counseling Ministry, I became involved with educating the church about HIV/AIDS and testing anyone interested in knowing their status.

In January of 2002, without warning, I was let go from a job where I was responsible for providing Case Management services and supportive counseling to adults as well as children with behavioral disorders. During my time at Community for New Direction, I developed a sincere love of the work I did as a Social Worker. I looked up to and respected the agency's director who was also a female pastor. I thought the feeling was mutual as the director often asked my professional opinion on everything from employee relations to the everyday programmatic functioning. Needless to say, I was caught off guard when the director called me into her office, and told my services were no longer needed. I was floored. I might have felt better if she had given a reason for the

dismissal, but she did not. I waited to get home before calling my sisters, Annette and DJuana to share what I had just experienced.

DJuana had been laid off in August of the previous year, so she offered and took the initiative to accompany me the following Monday, to clear out my desk. Even though I introduced DJuana as my sister and informed the director that any conversations she wanted to have with me should be had in the open, I later learned she had told staff members, during an emergency staff meeting that I had brought a lawyer with me. When attempting to correct this misconception, a previous co-worker informed me that he, too, had seen "a large man" standing next to me and my sister. I can only believe that Jesus himself walked into the building with us that morning. What continues to amaze me is that this pastor had not recognized Him.

I spent eight months jobless, but they were not fruitless. My now former employer refused to pay me unemployment. But God once again stepped in and provided for all my needs. In between looking for a job, I played tennis three days a week and spent most of my time studying the Bible and mentoring two young women. One was the daughter of a former co-worker and the other was a high school student from church. No longer the director of the Counseling Ministry, I continued providing counseling services one day a week. During this time, I began actively dreaming again. I had not dreamt so much since I was a child, sometimes dreaming two or three dreams in one night. I was dreaming so much, it became necessary to start writing them down. God brought revelation to those he needed to and I recorded the others on paper until God chose to reveal their meaning. Many mornings I was awakened with instructions to pray for my former director and/or to call and pray with a friend with whom I was currently out of relationship. Initially I

argued with God about these assignments, but his instructions never changed. God was taking another moment to make his word real in my life.

He was showing me what he meant when he told his disciples, “Love your enemies, do good to those who hate you, bless those who curse you, pray for those who mistreat you” (Luke 6:27-29 NASB). Even now as I think about the lesson God was teaching me, I realize he wanted me to learn how to forgive. It is impossible to honestly pray for someone with whom you are holding a grudge.

One morning, in July of 2002, I was awakened by thoughts of African people dying. They were dying of AIDS related illnesses. It had been in the news and now the images were etched in my mind. I remember getting up and beginning to research the issue of AIDS in Africa. This was the day that God quickened in my spirit a sense of urgency for everyone to be educated about HIV/AIDS and to get tested. After sending out an email informing the Missions Director and inviting S.A.L.E.M. House Ministry members to join me in cleaning out the empty apartment across the street from the church to prepare for ministry, I was appointed the Servant Leader for S.A.L.E.M. House. The following month, I applied for two case management positions working with people infected with HIV. I received employment offers from both agencies. Accepting the position at Southeast, Inc., I returned to work September eighth of that year.

During my eight months of unemployment, DJuana and I became closer as we spent more and more time together. Realizing she was depressed by her own unemployment, I encouraged DJuana to begin embracing her free time. I often called to make sure she had gotten out of the bed or eaten. Before long, DJuana began to get up

and get out the house, if only to walk through the Wal-Mart close to her home. Sometimes we met for breakfast; other times we just talked on the phone.

Many days DJuana would call saying, “Jesus/God/Holy Spirit told me to tell you… or God told me to call and pray for you.” Sometimes, she would call several times a day or several times within a few hours. God was trying to get my attention and this was only serving to prove my belief that DJuana was a super spooky Christian.

Late one evening, after driving home from DJuana’s, I called to let her know I had arrived home safely. We talked for another hour. I needed to get up for work, in the morning, so I needed to get off the phone. The conversation turned at that moment. It was time for another prophetic moment. I shared a strange dream that I had, and while I thought it had nothing to do with me, DJuana started talking about things and people she did not know about nor had she met. These were things and people I knew from my time in Baltimore. I felt like the Samaritan woman who met Jesus at the well. In that moment, in an effort to make things clear to what DJuana obviously had no knowledge, I disclosed my inner most secret. I had been involved in a same sex relationship in my early twenties. The following evening DJuana asked to come over, as God had directed her to give me something. In the course of the “ceremony,” as we called it, DJuana felt lead to disclose a personal secret of her own. We sat crying together as DJuana expressed her fear that I would no longer want to be her friend. After the tears, she presented me with a Study Bible. It was one of her personal favorites. It was at that moment we realized how God had worked to seal our friendship for life.

Regardless of where I have worked or served in ministry, God has always left me with the same thought and motivation, “if you did it to the least of these, then you did it

to me" (Matt. 25:40). Over the years, I have come to believe that ministry is not just about preaching and teaching it is also about serving God by serving others. For as long as I can remember, I have had a desire and love of traveling to different places. More specifically, my heart and soul was drawn to Africa and the many different people that make up this beautiful continent. I have had the pleasure of traveling to several different places inside the United States as well as a couple outside of the country. Some of these have been for pleasure while others were through the military. However, none compares to the blessed opportunity of traveling to South Africa (2006) and Botswana (2008) as part of two Mission Teams. Clear that my call to ministry was never solely a call to a pulpit ministry, I have always moved under the notion that it is a ministry to serve the disenfranchised. So it came as no surprise, while participating in street ministry, helping to dig a trench garden, and participating in HIV prevention/education with villagers that I felt a shift occurring. Once again, God was at work behind the scenes.

I have noticed whenever I have gotten comfortable or thought I have gone as far as God would have me go, he has stepped in and revealed that the steps I have taken are only stepping stones to my ultimate destination. This was also evident as I made plans to enter into a Master of Public Health program. Since my focus and passion has continued to rest in the area of HIV/AIDS, I thought pursuing a degree in Public Health was the appropriate move to make towards future ministry as a Missionary. Again, God had other plans. While attending an annual conference for Associate Ministers, at God's urging, I spoke with a recruiter from United Theological Seminary.

Inquiring about what programs they had specific to Missions, I was assured that United had what I was looking for and before I could ask my next question, the recruiter

had already given me the answer, “Yes, you can go through the Doctor of Ministry program without having completed the Master of Divinity degree.” I was instructed to apply and not worry about getting into the program because all I needed to do was show up. I cried for two weeks, but I applied and was accepted.

After the first semester in the Doctor of Ministry program, I descended into a deep depression like none I have ever experienced. The worst of it lasted two weeks in which I fought a voice that told me God did not care about me and that I should end my life. But there was also a distant voice that could scarcely be heard assuring me that God does love me and he was with me, even though I could not feel him. It was this voice I held on to and believed. The first Sunday of the 2013 New Year, as I emerged from the darkness asking why I had to go through that experience, God gently told me, as we recited the offering litany, “You recite and understand the scripture that ‘God loves a cheerful giver’ only as it relates to giving money. But I also want you to be cheerful in giving yourself to the things I have asked you to do.” This blew my mind. I had been obedient to God’s leading to enter into the Doctor of Ministry program, but I had not been cheerful about it.

In July of the same year, I experienced another difficult season in my journey when I found a lump the size of a walnut in my left breast. It seemed to have appeared overnight because it was not there the day before. Now my roommate, DJuana and I prayed and asked God for direction concerning this situation. On the way to work, I remember asking God if the lump was cancer. God’s response was simply, “Do you trust me?” I told him I do and he said, “Trust Me.” From that time on, I experienced the peace of God that passes all understanding as spoken of in Scripture. Even after the diagnosis

returned positive for breast cancer, I was able to hold on to God's peace. But the difficult journey did not end there.

As I was recovering from surgery, I received a call from my younger brother, Sean, informing me that Chris, our older brother, had metastatic cancer. He had been in the hospital for what we thought was related to his diabetes, but he was not getting better. It was agreed that he would be moved to an extended care facility and placed on hospice. Chris was not going to live. In the midst of my treatment and recovery, Sean and I made funeral arrangements. Chris passed on December 8, 2013, not two weeks after the final payment of his funeral and burial. I was angry because he chose not to fight by following through with treatment for the prostate cancer he was diagnosed with three years earlier. I was angry because he did not take care of himself and never followed his recommended diabetic diet, which resulted in a diagnosis of kidney failure five years prior. But I was also confused because God was healing me and chose not to heal my brother. God would later help me to understand that he did heal Chris. God reminded me that healing can occur instantaneously, through medication or transition from this life to the next. In this situation, he chose to take Chris home. Although I miss him, Chris is enjoying the ultimate healing.

I have found it difficult to separate my personal growth from my spiritual growth because they are indeed tied to one another. As I seek to grow in Christ, it is at that point I also begin to grow personally; and as I develop in ministry, I also improve as a Social Worker. Learning to follow the leading of Holy Spirit, even when it is an uncomfortable move, I am now convinced that God has aligned me with His perfect will. I am not always confident in what God is requiring of me. But, I am certain in the end, the Doctor

of Ministry Degree, surviving breast cancer and the loss of a brother is exactly the preparation I need for my next ministry assignment.

Context Analysis

New Salem Missionary Baptist Church

The context of this project will center in two specific context areas – Salem A.C.T.s HIV/AIDS Ministry housed within the student's church context, New Salem Missionary Baptist Church,[3] as well as the student's work context, the Family AIDS Clinic and Education Services program housed within Nationwide Children's Hospital[4], which will represent the community organization. New Salem has been located in the North Linden community, in the 43224 zip code, within the northeast corridor of Columbus, Ohio for the past twenty-seven years. The community is racially mixed including African Americans, Caucasians and African nationals made up predominantly of Somali refugees. The economic make-up is mostly low to low-middle income families. The church also resides only three to four blocks north of the South Linden community, in the 43211 zip code.

The South Linden community is made up of predominately African Americans with a similar economic make up as that of the North Linden community, low to middle income families; some of whom have lived in the neighborhood for more than thirty years. In addition to its racial difference, the South Linden community boasts a higher

[3] Called New Salem or NSMBC from this point.

[4] Called NCH from this point.

number of concentrated HIV infections within this area of town. It is unknown whether high rates of health disparities due to low income and high rates of unemployment, in this area, and/or the high rate of drug related crime and prostitution is the contributing factor to the higher rates of HIV infection. However, one could assert that the mindset and belief of today's adolescent and young adult population that renders them invincible probably has not helped to reduce the infection rate in the least.

The church, a predominantly African American congregation, was originally established in 1909, under the pastorate of Rev. Hamlet, becoming the tenth black Baptist church in Columbus. From its inception until the church moved to its current location, in 1988, the congregation was located primarily on the near east side of Columbus. Although the church had several pastors in between, in October 1983, Dr. Keith A. Troy became and has remained pastor of New Salem, growing the congregation from sixty-six to four hundred by 1988 when they moved to their current location on Cleveland Ave.[5] Today, NSMBC boasts an active membership of about 1300 – 1700. Although located in an urban neighborhood, most of New Salem's members make their home in suburban areas of the city and commute an average of ten to forty minutes to and from their homes. Thus, New Salem is considered a suburban church within an urban setting.

New Salem is a member-lead community of faith instead of a monarchy. In other words, it is not run solely by its pastor. The leadership structure is made up of trustees first. These are the men and women who are responsible for the financial and legal functioning of the church as an organization. The secondary line includes the deacons (and deaconesses) who assist the pastor and/or assume the duties of the pastor in his/her

[5] "Our History," New Salem Baptist Church History, last modified December 1, 2014, accessed November 25, 2012, http://www.newsalemcares.org/Our_History.

absence. The tertiary line of leadership is made up of the associate ministers, including those licensed or those newly called and in training to become licensed ministers of the gospel. The last line of leadership includes lay-leaders or servant leaders over various church ministries.

The NSMBC mission is to "attract and develop members into mature models of Christ-like character and conduct; mobilized for ministry (in the church) and engaged in meaningful missions (in the world) through each stage and segment of their lives."[6] Additionally, the church has worked from a seven-point vision since 2000.

It is as follows:

> Vision No. One: Hope – It is a dream of a place where the hurting, the depressed, the frustrated, and the confused can find love, acceptance, help, hope, forgiveness, guidance, and encouragement;
> Vision No. Two: Share the Good News of Jesus – It is the dream of sharing the good news of Jesus Christ with the hundreds of thousands of residents in Franklin County;
> Vision No. Three: Fellowship – It is a dream of welcoming 10,000 plus members into the fellowship of our church family – loving, learning, laughing, and living in harmony together;
> Vision No. Four: Spiritual Maturity – It is the dream of developing people to spiritual maturity through Bible Studies, small groups, seminars, retreats, and a Bible Institute for our church family;
> Vision No. Five: Discovery of Gifts & Talents – It is the dream of equipping every believer for significant ministry by helping them discover the gifts and talents God gave them;
> Vision No. Six: God's Ambassadors – It is the dream of sending out hundreds of career missionaries and church workers all around the world and empowering every member for a personal life mission in the word. It is the dream of sending our members by the thousands on short term mission projects to every continent;
> Vision No. Seven: Center for Worship & Prayer Education, Counseling & Recreation – It is a dream of at least forty acres of land on which to build a regional church for Franklin County with beautiful yet simple facilities, including a worship center seating thousands, counseling center, worship arts center, prayer center, classrooms for Bible Studies and training lay ministers, and a family life center for recreation. All this will be designed to minister to the total person,

[6] "Church Mission," New Salem Baptist Church Mission, last modified December 1, 2014, accessed November 25, 2012, http://www.newsalemcares.org/Mission.

> spiritually, emotionally, physically and socially and set in a peaceful, inspiring, garden landscape and still with the ability to see sin in the city.[7]

New Salem boasts several ministries or volunteer service opportunities in which its members can become involved, including its HIV/AIDS ministry, Salem A.C.T.s., formerly known as S.A.L.E.M. (Serving, Always Loving Every Moment) House. New Salem established their HIV/AIDS Ministry in 2000, when their former Missions Director, Rev. Oscar Crawford, arranged for nine members and two community members to be trained and certified as HIV Educators, and Counseling/Testers, through the American Red Cross. Although initially, not well accepted by many of its congregants, as the HIV/AIDS ministry has continued to evolve and increase efforts to educate the membership, acceptance has increased, although there is still room for growth

The Acronym A.C.T. gains its meaning from the following: **A**ction/Outreach involving the Body of Christ in community outreach and action to minister to those infected and affected with HIV/AIDS; **C**aring/Support providing compassionate support to person's infected or affected with HIV/AIDS; **T**raining/Education encouraging the prevention and early detection of HIV/AIDS through testing, knowledge, and Christ-like values.[8]

Salem A.C.T.s has continued and expended its endeavors to educate the New Salem congregation, its surrounding neighbors and the Columbus community at large about HIV/AIDS, how it is and is not spread and how persons not infected can continue to maintain a negative status.

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[7] "The New Salem Vision," New Salem Baptist Church, last modified December 1, 2014, accessed November 26, 2012, http://www.newsalemcares.org/vision.

[8] "ACTS HIV/AIDS Ministry," New Salem Baptist Church, last modified December 1, 2014, accessed December 1, 2012, http://www.newsalemcares.org/ACTS_HIV_AIDS_ministry.

This attempt to increase education and raise community awareness has taken the shape of Prevention Education efforts including highlighting various HIV/AIDS Awareness Days, such as National African American HIV/AIDS Awareness Day (February seventh); Week of Prayer for the Healing of AIDS (first week in March); National Women and Girls HIV/AIDS Awareness Day (March tenth); Annual AIDS Walk (third Saturday in April); National HIV Testing Day (June twenty-seventh);; World AIDS Day (December first) and various Community and Faith-Based Health Fairs, just to name a few. Many of the events occur on Saturdays and during weekly Sunday morning services. HIV is also highlighted during one quarterly Prayer Event each year.

Salem A.C.T.s has partnered with the Columbus Public Health Department, and the now defunct Tobias Project, to sponsor HIV Testing to the community during evenings in which the New Salem Food Pantry and/or Wednesday Community Dinner is held. Unlike agencies such as the Columbus Public Health Department and AIDS Resource Center Ohio, Salem A.C.T.s does not limit its focus to Prevention Education efforts around HIV/AIDS and other Sexually Transmitted Infections (STIs). It also provides trainings that promote healthy and open conversations around sexuality in an effort to foster healing from history of abuse, low self-esteem, low intimacy and misinformation about sex which is believed to find their roots in stigma or ultimately give birth to stigma. One such event held includes a Mother and Daughter Tea that brought women from various cultural and religious backgrounds together to talk about myths and messages around sex and sexuality. It is hoped that Salem A.C.T.s will continue to sponsor this event annually.

Finally, Salem A.C.T.s has provided volunteer hours to community organizations that provide care/compassion services. Such organizations include Project Open Hand-Columbus (POHC), a community Food Service Organization committed to meeting the nutritional needs of all persons living with HIV/AIDS, including but not limited to their "Groceries to Go" Food Pantry, and home delivered meals services; and the now closed Pater Noster House, that provided emergency shelter care and transitional housing services to individuals living with HIV/AIDS on Columbus' west side for more than twenty years.

Nationwide Children's Hospital

The second context is with the Nationwide Children's Hospital Family AIDS Clinic and Education Services program referred to from this point on as the FACES program and/or FACES. The FACES program operates as a single, one-stop shop. The clinical site is located on the main campus of Nationwide Children's Hospital (NCH), a 508-bed facility.[9]

While the hospital itself has been a pillar in the community for more than a century, the FACES program, in response to growing HIV/AIDS cases, has provided HIV care for women, children, adolescents and their families for more than twenty years. In 1988, the first HIV patients started visiting the clinic. The program received funding as a Maternal Child Health Pediatric AIDS Demonstration Project, from 1991–1997, becoming one of the initial Ryan White Part D grantees in 1998.

[9] "Nationwide Children's Hospital," U.S. News and World Report: Health, accessed May 15, 2015, health.usnews.com/best-hospitals/area/oh/nationwide-childrens-hospital-6410950.

The Ryan White Part D grant is one of five grant-funded areas available through the Health Resource Service Administration (HRSA), a division of the U.S. Department of Health and Human Services that funds the Ryan White Program. While Part D grant funds specifically help provide family-centered primary outpatient or ambulatory medical care for women, infants, children and youth with HIV/AIDS, the overall Ryan White program works with cities, states and local community-based organizations to provide HIV-related services to more than a half million HIV-infected people every year. The program provides coverage for people who do not have adequate health care coverage and/or financial resources need to cope with their disease. Ryan White funds help to fill gaps in care that are not covered by other sources.[10] It should be noted that the FACES Program lost its Part D funding during the 2012 funding cycle but was able to secure replacement funding through the Ryan White Part C grant. This grant will allow the FACES Program to continue providing HIV treatment as well as expand and enhance the quality of primary health care services to its patients and others in the community who are at risk for infection. These enhanced services include community outreach as well as HIV counseling and testing services.[11]

The FACES program is an innovative HIV care program that delivers comprehensive, family-focused and community-based care. The program is the only provider of HIV/AIDS medical, including primary care, tertiary HIV care, gynecologic, counseling/testing, nutrition, and psychological and social support services for pregnant

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[10] "Part D—Services for Women, Infants, Youth & Their Families," U.S. Department Of Health and Human Services—Health Resources and Services Administration, accessed December 2, 2012, http://hab.hrsa.gov/abouthab/partd.html.

[11] "Part C—Early Intervention Services," U.S. Department Of Health and Human Services—Health Resources Services Administration, accessed December 2, 2012, http://hab.hrsa.gov/abouthab/partc.html.

and women of child-bearing age, adolescents, children, exposed and infected infants, and families in central and southeastern Ohio. Additional services include nursing and social work case management, on-site childcare in the clinic, developmental assessments, support groups, pharmacist instruction, including medication management adherence, and follow up as well as transportation assistance.

The program also boasts a community outreach team that provides HIV education as well as counseling and testing to individuals age thirteen and above.[12] The hospital is located on the near eastside of Columbus in a predominantly African American community of low to middle income families and in the city's most concentrated area of HIV infection.

Similar to the location of New Salem, it is unknown whether high rates of health disparities due to high rates of unemployment and/or high drug related crimes and prostitution is a contributing factor for the community's high HIV infection rate, but adolescent and young adult views that HIV cannot happen to them has not helped. Another social issue occurring within the African American community, and society in general, is that there is seemingly a shortage of men. As such, many women, especially African American women, may feel the need to accept the unhealthy behaviors (i.e. physical/verbal abuse, cheating, etc.) of their partners for fear of the alternate – not having them present at all. According to the Statewide Coordinated Statement of Need (SCSN) that the Ohio Department of Health[13] publishes, the rate of persons living with a diagnosis of HIV infection in Ohio in 2010 was four times greater among males than

[12] Information in this section was extracted from the organizational description section of the FY2011 Ryan White Part D Competing Continuation Grant written and submitted for the FACES Program.

[13] "HIV/AIDS Surveillance Program," Ohio Department of Health, accessed November 26, 2012, http://www.odh.ohio.gov/odhprograms/bid/hivsurv/surv1.aspx.

females (244.0 for males and 61.0 for females), six times higher among Blacks/African Americans than among whites (541.4 for Blacks/African Americans and 88.2 for whites), and nearly three times higher among Hispanics/Latinos than among whites (244.8 per 100,000 population for Hispanics/Latinos). The document further emphasized the problems of HIV/AIDS in the minority community stating that the disparity between Ohio Whites, Black/African Americans and Hispanic/Latino Americans living with HIV infection is more pronounced when further examining surveillance data by race/ethnicity and sex.

The estimated rates of persons living with a diagnosis of HIV infection in Ohio in 2010 was 822.3 per 100,000 among Black/African American males, 341.3 per 100,000 among Hispanic/Latino males, and 155.7 per 100,000 among white males. Large differences were also observed among female populations in Ohio impacted by HIV. The estimated rates of persons living with a diagnosis of HIV infection in Ohio in 2010 was 286.1 per 100,000 among Black/African American females, 139.6 per 100,000 among Hispanic/Latina females, and 23.8 per 100,000 among white females. When looking at rates of infections amongst our Black children – specifically adolescents – the numbers are alarming. Black adolescents are becoming infected with HIV faster than any other population group, according to the 2011 Ohio Department of Health HIV/AIDS Surveillance Program Data. To make matters worse, data from this same report showed Franklin County as the leader in HIV infection rates in the state of Ohio.[14]

The Outreach arm of the FACES Program was initially developed in response to and out of the need to address the increased rates of HIV infection among adolescent and

[14] Ibid.

young adults ages thirteen to twenty-five, as well as in attempt to address and thus thwart the increase of high risk sexual behavior within this same age group, in general, and the young MSM population, more specifically. The team has made tremendous strides to collaborate with community partners – both Faith-Based and Secular Agencies - to increase Prevention Education efforts including offering free HIV & Syphilis Testing five days a week in the clinical setting and several times a month in the surrounding community.

Additionally, the outreach team participates on HIV Panel Discussions, Community Health Initiatives, engagements within the Somali and Ethiopian Communities, Marysville Women's Prison, and Comp-Drug, an agency that provides services to high-risk drug populations. In the last year, the FACES Outreach team has expanded its target population to all populations within their targeted age group, regardless of gender or sexual preference.

Utilizing an expansion grant awarded through the State of Ohio, FACES is able to target patients ages thirteen to twenty-one years old identified as having high risk sexual behaviors, including those with a positive pregnancy test, those diagnosed with a sexually transmitted infection or persons just wanting an HIV test. As an opt-out state,[15] Ohio law permits hospitals and doctor's offices to test for HIV without having to use a separate written consent. Thus, a patient must specifically state they do not want an HIV test. As such, the Emergency Department, physician's office or lab where blood tests are ordered, are perfect for targeting people of all ages for HIV testing.

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[15] "Issue Brief: Prevention of Perinatal HIV Transmission and Ohio's HIV Testing Laws," Ohio Department of Health, accessed May 18, 2015, https://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/prams%20-%20pregnancy%20risk%20assessment%20monitoring%20program/Reports%20and%20Fact%20Sheets/issuebriefhivtesting2011.pdf.

A collaboration between New Salem and the FACES program presents as a logical partnership to begin addressing the issue of HIV-related stigma. Historically, the African American church has been the pillar of the community. It has been the place where one could come to feed their soul, get social service needs met as well as the place where critical community and social issues were discussed and solutions – in the form of programming and/or movements – were birthed.

Yet, like all human institutions, the African American family and church are far from perfect and have also been the origin of many secrets, myths and stereotypes. It is these very elements that have helped to add fuel to the fire of shame and stigma associated with sexual abuse, homosexuality, and more recently, HIV/AIDS.
This is not to lay the blame of stigma around these issues at the foot of the African American community but rather to point out that the culture of a community plays an important role in its own health, sense of identity, and well-being.

Secrets, myths, stereotypes and the refusal to talk about "taboo" sexual issues such as child sexual abuse and homosexuality, which is known to lead to issues of low self-esteem, low self-worth and often promiscuity, have likely contributed to, if not, exacerbated the issues of high-risk sexual behaviors that have continued to contribute to higher incidents of HIV in the African American community; and while the exact same "taboo" sexual issues may not exist in the African communities, the same community response of keeping secrets and spreading myths does.

Many churches, in general, and African American churches, specifically, have chosen not to step to the forefront of the HIV/AIDS fight. Even with the staggering disparities in the numbers reported above among the African American population, most

African and/or African American churches within Franklin County are not actively involved in the fight against HIV/AIDS. One might speculate that it is, in part because of the equally charged issue of homosexuality or gays in the church that almost always arises.

Additionally, few community-based AIDS Service Organizations (ASOs) have taken the initiative or opportunity to work specifically with African American faith-based organizations to get the buy-in to address HIV/AIDS in the African American community. Many assume and complain that African American churches do not accept or welcome gays into their congregations; therefore, they make the decision not work within these churches. This leaves the fight against HIV/AIDS, and the stigma associated with it, to one individual or a very small group of individuals within their own churches or forces them to work with ASO's apart from their church.

It is with this struggle in mind that this project endeavors to initiate and build a strong collaboration between New Salem's HIV/AIDS Ministry (Salem A.C.T.s) and the FACES Program of Nationwide Children's Hospital (NCH) that will work to develop and implement innovative initiatives, grounded in the belief that Christ called the church to be active in the community, serving him as we seek to serve the least of these by: First, increasing awareness of HIV/AIDS among the congregants and surrounding community members through prevention/education and training efforts; and second, providing counseling/testing initiatives to identify HIV positive persons not currently in care, helping to get them linked with a medical provider as needed to prolong their life and thereby decreasing risk of infection to others. I believe the continued efforts of the New Salem church and the FACES program, individually and collectively, will help reduce

and/or eliminate the fear and stigma associated with HIV/AIDS while also helping drive down the number of infections being seen in this community.

The members of Salem A.C.T.s HIV/AIDS Ministry continue to look for opportunities to build coalitions between other community churches and expand their sphere of influence in the HIV/AIDS community. As such, they look forward to collaborating with the Family AIDS Clinic and Education Services program in a combined effort to continue raising HIV/AIDS awareness in the Columbus community as a means to eliminate stigma associated with HIV. Likewise, the clinical and outreach staff of the FACES program continues to open themselves to faith-based partnerships, such as Salem A.C.T.s, in an effort to impact the lives of those infected and affected by the HIV/AIDS pandemic in Franklin County. The FACES program leadership recognizes the need to partner with community pillars that have long been ignored as a means of reaching their target populations and having the difficult discussions necessary to putting an end to the elements of secrecy, myths, and stereotypes that lead to stigma.

Synergy

HIV is a one hundred percent preventable virus. During its early days, HIV/AIDS was thought to be a gay, white man’s disease. In response, the gay community came together to raise awareness, thereby lowering the infection rate within their community. Unfortunately, continuing to believe this was a disease only happening in the gay community, other populations began to let down their guard, believing HIV/AIDS would not affect them. Today, the highest rate of HIV/AIDS infection is in adolescents and young adults ages thirteen to twenty-five, with the majority of these cases affecting the

African American community, in general, and African American women and African American Men having Sex with Men (MSM) specifically.[16]

Initially, data showed that heterosexual women were being infected only through intravenous drug use. However, it was discovered that these women were also being infected through unprotected sexual contact with their male partners; many who were later discovered to be involved in same-sex relationships, while still identifying as heterosexual. This phenomenon would quickly become known as being on the "down low." The "down low" is a label given primarily to African American and Latino men who do not consider themselves as gay but engage in sex with other men.

HIV/AIDS has affected me personally in several situations. I was first directly affected by HIV/AIDS in 1991 while attending undergraduate school at the former Ohio Dominican College. Choosing to examine the Spirituality of AIDS as an assignment, I recall being struck by the words in an article that stated, "By the year 1999, everyone will know at least one person with HIV."[17] As mentioned earlier, I received a call from a close friend, in 1993, stating her youngest brother, Kim, had been diagnosed with HIV. He passed away two years later due to an AIDS related illness, in May of 1995. Four months later, a week after moving to Baltimore, Maryland, I received another call saying that a friend and co-worker, Rob[18], was hospitalized with an unknown illness, thought to be some type of cancer. While I suspected as much, approximately a week later, suspicions

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[16] "Statistics Overview: HIV Incidence Estimates," Centers for Disease Control and Prevention, accessed May 19, 2015, http://www.cdc.gov/hiv/statistics/basics/index.html.

[17] The specific article where this statement was made is unknown. The statement is a memory that remained with me from my research at that time.

[18] This friend's name was changed to protect his identity and the identity of his surviving family members.

were confirmed and Rob had been diagnosed with an AIDS-related illness. Unknown to anyone except perhaps his mother, he had been living with HIV for about eight years. No one could believe it.

Rob's story was tragic. First of all, in the early days of HIV, almost no one lived more than two or three years before succumbing to AIDS, yet this man had lived eight years. Secondly, Rob had been married for several years and had a young son. He belonged to a close-knit group of friends who also worked together. Yet, he had not even shared his diagnosis with his best friend. He had been living a secret life. He passed away five months later in January 1996.

During a conversation two years before his death, Rob had shared of marital problems and had contemplated divorce because his wife wanted another child, but he did not. It was only after learning of his diagnosis, and as these pages are being written, that I realize and remember why he did not want any more children. One might say Rob was a dog and had been selfish when he stepped out of his marriage. I, however, choose to celebrate my friend who made the choice, unlike many men over the years, to keep his secret and divorce his wife rather than give in to her wishes for another child, thus infecting her and quite possibly bringing an HIV-infected child into the world to live and very possibly die at a very young age.

Community responses to learning that a loved one has HIV/AIDS are varied. As a comparison is drawn, I notice how my first friend's disclosure of his status, to friends and family, afforded him love and support until the day of his death. Alternately, my second friend chose not to share his status and lived a secret life, apparently afraid of who might say what about the virus he was living with and/or his chosen lifestyle. As a result, he

spent his final days alone in a dark nursing home room. I can only imagine his decision not to disclose his HIV status was rooted in shame of being stigmatized as not only a gay black male, but also with being HIV-infected. Guilt, shame and stigma continue to prevent people with HIV from disclosing their status to their families and friends; shame because of how they contracted the virus, guilt because of whom else may have been affected and in many cases infected. Stigma continues to entrap people in a life of secrecy, afraid to let those on the outside know their struggle, fearful of being rejected by those they love most.

Stigma is defined as many things, a few of which include: First, a mark of disgrace or infamy; a stain or reproach, as on one's reputation, and two, medically, it can be defined as a mental or physical mark that is characteristic of a defect or disease such as the stigma of leprosy. According to Erving Goffman, a sociologist whose work was cited in the Stigma Conference's Weiss Paper, the definition of stigma is "the situation of the individual who is disqualified from full social acceptance." [19] Stigma can be seen and felt. Those who are victims of stigma despise its effects. It can be based in varied reasons that are perceived as being valid or invalid. Stigma needs no explanation from the perspective of those who participate in using it to deal with those around them. It should be noted that stigma is not a new phenomenon. It has been around for centuries and used as the justification for many of the horrific deeds that have placed a black mark on the history of the world, such as slavery, the Holocaust, the Salem Witch hunts and HIV/AIDS to name a few.

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[19] Mitchell G. Weiss and Jayashree Ramakrishna, *"Interventions: Research on Reducing Stigma,"* accessed November 30, 2012, http://www.stigmaconference.nih.gov/WeissPaper.htm.

Additionally, stigma has historically been a two edged sword in the African American community. It has resulted in taboos related to domestic violence, physical and sexual abuse, as well as homosexuality in the African American family. Stigma drives secrets, and secrets prevent the discussion and, ultimately, the cure for what impacts a community. This continues to be true as it relates to HIV/AIDS. For years, African Americans have turned a blind eye to and denied the social disparities that have existed within the walls of our homes and churches. Until we resolve to talk about the taboos, issues such as sexual abuse, homosexuality and HIV/AIDS, it will continue to ravage the African American community.

Until we begin to have the hard, raw conversations around domestic violence and issues of sexuality in the church, it is doubtful there will ever be an avenue for healing available. It is time for the African American church to stand up and start such conversations. It is also time for the African American church to lead by example and begin to display the love of God when it comes to the treatment of people living with HIV/AIDS as well as others considered to be the least of these.

Synergy between the contexts and my interest in the issues of HIV/AIDS lies not only in the loss of two friends, but also my own personal experience with sexual abuse that has ultimately resulted in feelings of guilt/shame, insecurity, and worthlessness rooted in stigma that has resulted in carrying this secret for greater than thirty years. The foundation of this project will focus on ecclesiology from the perspective of liberation theology and will seek to bridge the African American church and a Community Organization to reduce stigma associated with HIV/AIDS. To better address issues of

stigma in the African American community, one must first look at the doctrine of the church and how it relates to issues of stigma.

First, the question of what part stigma plays in the discussion of the doctrine of the church hangs in the balance. Does the church actively and openly participate in stigma, and if so, how? Unfortunately, the answer is a resounding yes. The church is plagued with the sad history of its participation in allowing stigma to force misdirected decisions that have led to terrible events. The church played a definite role in the furtherance of slavery to the degree that many Christians owned slaves. Many preached a slavery gospel that condoned the use and abuse of slaves.

According to the article, "Why Christians Should Support Slavery", written in Christianity Today, many southern Christians held the belief that slavery was an institution of God and sited varying scriptures to support their stance. [20] One such justification was that "Abraham, the 'father of the faith,' and all the patriarchs held slaves without God's disapproval" based on Gen. 21:9-10.

Another such justification included the notion that slavery is "God's means of protecting and providing for an inferior race (suffering the "curse of ham" in Gen. 9:25 or even the punishment of Cain in Gen. 4:12)."[21] More recently, the church has and in many cases continues to participate in the role of shunning those considered to be twentieth and twenty-first century lepers – those afflicted with HIV/AIDS. The doctrine of the church reminds us of the teachings of Jesus when he taught his disciples to love one another.

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[20] "Why Christians Should Support Slavery," *Christianity Today*, no. 33 (1992), accessed February 3, 2015, http://www.christianitytoday.com/ch/1992/issue33/3324.html.

[21] Ibid.

The Bible best defines the mission of the church, as it relates to being the hands and feet of Jesus where it says, in Matthew 25:35-40, "…I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited to me…Truly I tell you, just as you did it to the least of these who are members of my family, you did it to me."[22] Jesus not only taught these principles, he lived them in the same manner in which he desired for us, the church to live them.

Throughout the Bible, Jesus stood alongside and interacted with those in the community, considered to be "the least of these" – the untouchables of society. He showed them love and compassion, and he also healed them. This is the mission of the church. Regardless of the condition, whether homosexuality, sexual abuse or even HIV/AIDS, we must serve as Jesus served. HIV/AIDS does not discriminate. It has and continues to affect young and old, rich and poor, and those living in urban and rural towns. Although, in the United States, African Americans are more widely affected, HIV/AIDS has crossed the waters affecting most every continent in the world; some more than others. Therefore, for pastors and the church body, in general, there should be no questions concerning whether to serve those infected. If the church is to be the hands and feet of Jesus, it must stop picking and choosing whom it wants to serve and begin responding as Jesus did in the Gospels. Jesus entered the homes and spaces of those infected and affected by many diseases.

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[22] Unless otherwise noted, all scripture references come from *The Harper's Collins Study Bible Fully Revised and Updated New Revised Standard Version Including the Apocryphal/Deuterocanonical Books with Concordance*. Harold W. Attridge, Gen. Ed., Rev. Ed., Wayne A. Meeks, Gen. Ed., Orig. Ed. (San Francisco, CA: HarpersCollins Publishing, CA 2006).

He met the lepers where they were and bid them to come to him not fearing for his own life. He felt they, too, needed a healing and loving touch from God. He did not concern himself with whether their infirmities were the result of sin or not. He only sought to introduce them to his Father. Romans 3:23 says, "For all have sinned and fall short of the glory of God" (TNIV). Why is it then, we, who are a part of the church, so quickly judge and condemn those who commit certain sins and not others?

The mindset of the church, especially the African American church, must be focused not on what sin was committed, but rather how we might show the love of Christ to this lost and dying world. We must address the issues that force and keep individuals in hiding; struggling in silence, afraid to seek solace within the church body.

Stigma affects the person judged as somehow "unworthy" to be treated as everyone else but it also affects families. The disciples confronted Jesus with the question of sins of the family when a blind man was healed. The disciples asked who sinned, his father or his mother, and caused the young man to be blind. Jesus explains that neither had sinned but that this had occurred so that God could be glorified, John 9:2-3 (NRSV).[23] Stigma has no boundaries and, again, knows no limits. Anyone can be lumped into the heap to be labeled, "Stigmatized – Keep away." Jesus' message, however, remained the same. We must love all and offer them the love that God has for them. Regardless of the way they look or situations they live in – love is the answer. There was never a time when Jesus backed down or away from anyone. No blind man, no young dead girl, no paralyzed person lying by a pool, or a leprous group of men ever felt the sting of stigma from Jesus. He did not hesitate to show love for the Pharisee, also caught

[23] Ibid.

in sin and blind to his own unrighteousness. Neither did he hesitate to show compassion for a man with a withered hand who needed a healing touch. No one was stigmatized, marginalized or disenfranchised by the Lord of Lords and King of Kings – Jesus Christ.

Whether in the Gospels or in today's society, being labeled an untouchable carries a social stigma with it. This stigmatization will also carry with it a level of harm that will affect the psyche of people living with HIV/AIDS and other diseases as well as that of those affected by other stigmatizing experiences. Stigma is the result of unchecked fear. Throughout history, whenever fear of the unknown had run rampant, stigma was not too far behind. Uncontrolled fear not only causes communities, churches and families to separate over insignificant issues, the resulting stigma can be devastating for the victim; building walls around them and the society in which they live. Stigma, results in victims becoming marginalized. When this happens, entire societies begin to discount the significance and needs of those who have been labeled as untouchable. Such can be argued is the condition of the African American community and until this marginalization is reversed, the African American community and its church is destined to be irrelevant.

For thirty years, the HIV/AIDS pandemic has been central to the world around us; whether domestically or internationally, issues surrounding HIV/AIDS have plagued our countries, communities, and families. Although people are not dying at the alarming rates once displayed in newspaper headlines, still there is no cure and stigma and shame continue to be carried by those who are infected. "At its 1987 Biennial meeting, the American Baptist Churches in the USA affirmed the prejudice against AIDS victims exist as a result of ignorance of the disease. It did not separate AIDS from the moral issue of disapproved sexual behavior, but recommended a primary response to education and

caring for AIDS victims and their families and friends."[24] Although many other churches made similar statements, in the early days of HIV/AIDS, there still remains a quiet undertone of fear that someone will find out.

As Christians, we are called to love like Jesus loved as well as to serve the least of these. When we, the church, lose sight of our mission, we align ourselves with society and subtly pave the way for separating and stigmatizing by way of particular sin. Jesus did not align himself with the leaders of the church or government officials. Instead, he loved and showed compassion to those who were the untouchables of society. In the eyes of those same leaders, Jesus presented as one strangely drawn to the cast offs and the outcasts. He associated with sinners and essentially taught those who followed him that because God knows the heart of man, we too can know how to minister to the lost and dying of this world[25] (Acts 15:8; 1 John 3:20). This is important because as human beings, we judge the outward appearance to determine the worth of a person.

I believe stigma associated with HIV/AIDS in the African American community will decrease and ultimately be eliminated only when the church, in general, and the African American church specifically, begins to operate from a perspective of nonjudgmental love and compassion as displayed by our Lord and Savior, Jesus Christ. As such, this project seeks to show that participants attending a four-part training series will increase their understanding of the effects of HIV/AIDS on the community and that stigma serves to perpetuate its spread.

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[24] J. Gordon Melton, "American Baptist Churches in the U.S.A., AIDS: Care and Prevention (1987)" in *The Churches Speak On: AIDS* (Detroit, MI: Gale Research, Inc., 1989), 50-51.

[25] Ibid.

CHAPTER TWO

STATE OF THE ART IN MINISTRY MODEL

While the African American church has traditionally taken the lead on many issues of civil rights and social justice, it seems to have taken a back seat, choosing to be silent about sexual immorality among its leadership, human trafficking and now, the devastating effects of HIV/AIDS.

This project seeks to address and, therefore, answer the questions of whether targeted education, including open dialogue, will help dispel myths about HIV/AIDS, and thus, reduce associated stigma. The reduction of HIV-related stigma will result in a decrease of sexual behaviors that continue to perpetuate the high rates of HIV infections in the African American community. Additionally, these variables will further increase the level of comfort in persons living with HIV/AIDS with regard to disclosure of their status, thereby paving the way for them to more fully participate in HIV-related activities/events within their local church and communities. This involvement should not relegate them only to HIV-related activities but also provide them freedom to participate in any areas of interest without fearing that someone will discover their secret. Although New Salem boasts being one of the only black churches in the city with an HIV/AIDS ministry, there continues to be an underlying resistance to open discussions of sexuality among adults as well as with the youth, some of which have already begun having sex and experimenting and/or engaging in same sex relationships.

The ministry has come under some scrutiny for adapting a “Safer Sex Practice” policy rather than an “Abstinence Only” philosophy. Additionally, the pastor has not been agreeable to making condom distribution open and available to everyone, including to youth requesting them. Any HIV and ultimately sex related education had within the youth department must get the approval of the parents, many of which believe their children are not having sex or are too young to have sex. Additionally, when these educational sessions are approved, the girls are separated from the boys and female leadership is tasked with educating the girls, while male leadership has discussions with the boys. This resistance makes it difficult to address the behaviors that put people at risk for contracting HIV.

As indicated previously, the problem is first and foremost deeply rooted in African American culture and the taboo surrounding open discussion of sexual issues/topics. Sex is often seen as dirty and discussed only between a married man and woman but never in an open forum. Additionally, there seems to be a level of apathy concerning HIV/AIDS due to continued beliefs that it is a gay, white man’s disease.

However, the problem is also rooted in the Christian belief that sex should only occur between married couples and that homosexuality is immoral and wrong. Many Christians still believe that HIV/AIDS is a result of sexual immorality and therefore, God’s punishment on homosexuals and/or persons who are sexually promiscuous, or engaging in sex before or outside of the marital relationship. Thus, any discussion of sex and/or distribution of condoms imply a condoning of sexually immoral behaviors. In other words, passing out condoms encourages adults and youth alike, to engage in sex outside of marriage. The goal of the project is to raise awareness, dispel myths and

decrease stigma related to HIV/AIDS in the community of faith at New Salem Missionary Baptist Church, with the potential of moving the project into other black communities of faith.

New Salem has been housed in its current location for the past twenty-seven years. It is nestled in an area of low-income families, prostitution, drugs and other criminal activities that do not seem to be bothered or hindered by the presence of the church. With the exception of the food pantry, there had not been any consistent attempts to engage with the surrounding neighbors until about three years ago when the church doors were opened to begin a weekly community dinner. This was a result of having to restructure and relocate the food pantry. Additionally, the pastor's wife started an initiative to address the problem of human sex trafficking around the church and neighborhood, inviting some members to join her.

As a part of the project, a collaborative effort between Salem ACTs and Nationwide Children's Hospital's FACES program has provided an opportunity for persons within New Salem and its surrounding neighbors to obtain HIV testing twice a month during the weekly community dinner. Unfortunately, there is no message from the pulpit that encourages congregants to know their status or to protect themselves from HIV or other STIs. The problem with this is that although we acknowledge the Bible as God's ultimate authority for how to govern our lives, Christians are still sinful beings and will continue to choose to make our own choices.

Our sexual practices are also subject to the "fallen-ness" that affects all of creation. Therefore, until there is an open acknowledgement that Christians are still sexual beings, we will continue to fall victim to those choices if we walk in them

uninformed. As such, until the church begins to have these types of direct and open dialogues, it will not be able to understand or minister to those infected with or affect by HIV/AIDS.

The focus of this project is to develop and implement a church-based initiative to reduce HIV-related stigma. The initiative will serve as a means to open safe dialogue between church members and leadership about sexuality in the black church and its community.

Moreover, the project will serve to educate them concerning HIV/AIDS and the church's calling to show the love of Christ and welcome people infected with and affected by HIV/AIDS into the community of faith without assumption or judgment of past or present sin. The resources that follow represent a survey of the present field of research that is relevant for the project.

Edward Phillips

In his article, *Stigmatization and the Silence of the Church*, Edward Phillips not only discusses the impact of stigma on people living with AIDS as being more than just an issue of accessing care, but it also has a psychosocial and spiritual impact on their lives.[1] He quotes Nelson Mandela who said in the closing ceremony of the 2002 AIDS Conference, "Many people suffering from AIDS and not killed by the disease itself are killed by the stigma surrounding everybody who has AIDS."[2] In other words, stigma is

[1] Edward Phillips, "Stigmatization and the Silence of the Church," *African Ecclesial Review* 47, no. 4-1 (2006): 328, accessed April 22, 2013, *ATLA Religion Database with ATLASerials*, EBSCO*host*.

[2] Ibid., 328.

not only a societal issue, but it is also systemic. Therefore, it can be more devastating than the actual condition being experienced.

The church has traditionally been the change agent in many communities, especially the black community. Thought to be the one place where all are (or should be) accepted, there has not been a consistent message of love displayed when it comes to HIV/AIDS. The response of the Church as well as other institutions has either been completely silent or responded by condemning stigma.

Phillips says, "the voice of the church has not been loud enough to cause change in attitudes and behavior concerning stigma."[3] He further asserts this should not be considered an indictment on or a failure of the church, but rather just a fact that the church has not yet developed a clear, effective method for addressing stigma.

Looking at this dilemma from the eyes of the Catholic Church, to effectively respond to the issue of stigma, Phillips says, "the church must seek to understand the underlying social dynamics that cause stigma such as gender, ethnicity, sexuality and fear; analyze a variety of societal institutions, including the church itself, to determine what stigmatizing behaviors that might be conscious, unconscious or both; examine strategies that already exist and are being used to combat stigma; and finally, develop an action plan that will integrate the social sciences and theology in its efforts to combat stigma."[4]

Phillips specifically points out mental illness, epilepsy, leprosy, and other physical deformities as examples where stigmatization emerges.

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[3] Ibid., 328.

[4] Ibid., 329.

> At the time of Jesus, the community had not only marginalized lepers because of their fear of infection and physical deformity but also believed that leprosy was uncleanliness and a divine punishment for sinners by God. In the Gospels, Jesus addressed the issue of stigma by reaching out to lepers and curing them (Matt. 8:1-4; Luke 17:11-19). By purifying the lepers and restoring them to the community, He abolished the division between the clean and the unclean.[5]

He believes, along with others, that AIDS has become the twentieth and twenty-first century leprosy as it carries with it all of the stigmatizing attitudes. He says, "stigma is a virus of the mind, and soul" and thus effect more than just those who are being stigmatized, but also those persons who do the stigmatizing. [6]

Phillip identifies five contributing factors of stigma: First, HIV/AIDS is a life-threatening disease; second, fear of contracting HIV; third, the association of HIV/AIDS with promiscuous behavior such as with sex workers; fourth, belief that people with AIDS contracted it through immoral behavior; and fifth, moral judgment by religion and society that AIDS is a punishment from God.[7]

He goes on to say that "judgementalism and rumour-mongering are classic examples of how AIDS patients are labelled as immoral people since one of the ways through which HIV/AIDS is contracted is through sexual behavior."[8] Additionally, it is "the fear of being infected by AIDS and that anyone with AIDS will die that has led many people to stigmatize AIDS patients."[9] Phillips finishes his stance on contributing factors to stigma by stating that the church and its leadership have a responsibility to

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[5] Ibid.

[6] Ibid.

[7] Ibid., 330.

[8] Ibid., 331.

[9] Ibid., 330.

show love and compassion to those among us who are infected. Church leaders can often hold themselves to a higher standard causing a self-imposed stigma. This self-imposed stigma can create a hurdle blocking the leaders' ability to extend the compassion and love needed to others.[10]

Irene Tvedt Wangen

*"*HIV and AIDS-Related Stigmatisation[11]: the Problem of AIDS, Sin and Sex" is an article based on Chapters two through four of the author's doctoral dissertation. [12] Wangen's article discusses the issue of stigmatization on people living with HIV/AIDS. She asserts that it is stigmatization that is one of the primary stumbling blocks in the prevention and care of HIV. Until stigma is removed, the spread of HIV/AIDS cannot be stopped. As such she says, "if we are to have any hope of removing the stigma, we have to understand what contributes and causes stigma of AIDS."[13]

> From the very beginning of the pandemic, Christian individuals, churches and Christian AIDS organizations were involved in the care and alleviation of suffering for those affected by AIDS. But there were also Christians, congregations and churches that condemned people living with HIV or AIDS, declaring AIDS to the punishment of God upon the wicked and immoral. Today, such pronouncements are rarer, but there are still voices claiming AIDS is the result of immorality and sin, thus implying that AIDS is a 'deserved' illness. [14]

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[10] Ibid., 336.

[11] The spelling of 'Stigmatisation' is that of the author's, and is used only when quoting her.

[12] Irene Tvedt Wangen, "HIV and AIDS Stigmatisation: The Problem of AIDS, Sin and Sex," *Swedish Missiological Themes* 98, no. 4 (2010): 425-452.

[13] Ibid., 425.

[14] Ibid., 425.

It is this very mindset, Wangen says, that has been the driving force behind AIDS-related stigma. “In people’s minds sex is linked to sin and sin to sex. This is why AIDS is such a stigmatized disease.”[15]

Wangen attempts to define, or give some clarity to, what is meant by stigmatization, though admitting this is a difficult task due to the understanding of stigma, itself, being what she calls “a complex social phenomenon in which researchers argue is context specific.”[16] She encourages readers attempting to understand stigmatization, to also look at the process of stigmatization. She says, “there is a close relationship between stigma, prejudice, and social inequality. Existing prejudices, social stereotypes and power alliances may enforce the stigma, racism, sexism, and homophobia, and is often called multiple, double or triple stigmatisation.”[17]

Wangen raises the issue of another form of stigmatization, that of “disease stigmatization.” While sexually transmitted diseases and other terminal diseases often carry with them some level of stigma, she notes that disease stigmatization does not always attach negative behaviors with people who have diseases like AIDS. She goes on to explain that because some diseases are often disproportionately represented in lower classes and impoverished communities, disease stigmatization suggests that those persons already vulnerable, marginalized and stigmatized are most likely to blame for the diseases.[18]

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[15] Ibid., 425.

[16] Ibid., 426.

[17] Ibid,. 427.

[18] Ibid., 427.

In addition to being a social process, Wangen sees stigmatization as a symbolic threat. She asserts that stigmatization arises when there is a failure to maintain or abide by the norms and values of society. As such, there is a link between HIV/AIDS-related stigma and the norms and values that make up a moral community. She further asserts, "AIDS is stigmatized disease because it is perceived as a disease that is caused by immorality."[19] Wangen goes on to say, "the fundamental human emotion in the process of stigmatisation is the perception of threat. AIDS is both a tangible and a symbolic threat and will therefore trigger a strong response and the boundaries of the moral community."[20] Therefore, when based on the notion of immorality, one may attempt to distance himself from the threat of HIV infection if he sees himself as being moral.

According to Wangen, there is a tendency to attempt to organize the human experience when approaching the issue of HIV/AIDS-related stigmatization and that is through assigning 'innocence' versus 'guilt' to how a person was/is infected. A person contracting HIV through unprotected sex, drug use or prostitution, for example, might be seen as 'guilty' while the person who contracts HIV through a blood transfusion or mother-to-child transmission would be considered 'innocent'. Again, Wangen says this need to assign the label of innocence or guilt to persons with HIV/AIDS is just another means of distancing oneself from the threat of AIDS through constructing it as a 'deserved' disease.[21]

Wangen looks at the doctrine of original sin as an antidote to AIDS-related stigmatization. She asserts that sin is what separates humans from God, but the notion of

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[19] Ibid., 428.

[20] Ibid., 429.

[21] Ibid.

sin was never supposed to be used as a means to differentiate between human beings. In other words, God never intended humans to judge others for being the way we are ourselves, which is exactly what happens in the process of stigmatization. She says:

> People living with HIV and AIDS are stigmatised due to the notion that they are 'sinners'. However, according to the doctrine of original sin, there is no such essential or qualitative difference among human beings with regarding to sin. Sin is constitutive of all human reality and has fundamentally altered the conditions for human life. It disrupts human relationships, with God and other human beings, as well as the self, and it is embedded in the human condition and distorts the human social life.[22]

According to Wangen, to address the spread of HIV as if it is only a matter of individual immorality or human sinfulness is to neglect the fundamental aspects of Christian theology's understanding of human reality and conditioning. She asserts the doctrine of original sin is a paradoxical statement and while we as human beings cannot avoid sin, we are responsible. She ends her thoughts on original sin by saying, "The understanding of the radical nature of sin brings with it the responsibility to remedy its effects, including the effects of the sin of HIV and AIDS-related stigmatisation. Thus, the doctrine is also the basis for an understanding of the Christian duty to offer compassion and care."[23]

Wangen also sees the problem of stigmatization as an expression of sinful structures stating:

> HIV and AIDS as a general problem is related to the fundamental issues of global injustice and distribution. The global economical imbalance between the poor(er) majority of the world and the rich minority may be understood as an expression of sin and oppression. Poverty fuels AIDS and AIDS fuels poverty. AIDS is an expression of sin and a global system of injustice.[24]

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[22] Ibid., 432-33.

[23] Ibid., 433.

[24] Ibid.

She further cautions people and institutions, including the church, to be aware of their roles as institutions of power since HIV and AIDS-related stigmatization so closely intersects and rises out of culture, power and difference and serves the constitution of the social order.[25]

Finally, Wangen also looks at the issues of sin, sex and taboo as related factors in HIV/AIDS-related stigmatization.[26] She acknowledges the fact that the Christian religion has long carried an ambivalent understanding of human sexuality, but these same notions of taboos also appear to be common in other religions. From the Christian perspective, sexuality is seen as impure and defiled, yet within the confines of marriage, sex is not considered defiling.[27] Additionally, she looks at how uncertainty concerning the human body plays a part in HIV/AIDS-related stigmatization. This ambiguity has and continues to fuel the difficulty of Christians to address issues of sex and sexuality.

Winston Abara, Jason D. Coleman, Amanda Fairchild, Bambi Gaddist, and Jacob White

The article "*A Faith-Based Community Partnership to Address HIV/AIDS in the Southern United States: Implementation, Challenges, and Lessons Learned"* describes the results of a collaborative effort, Project Fostering AIDS Initiatives That Heal (F.A.I.T.H.), a faith-based model for successfully developing, implementing and sustaining locally developed HIV/AIDS prevention interventions in the African

[25] Ibid., 435.

[26] Ibid., 436.

[27] Ibid., 438.

American churches in South Carolina.[28] According to the Centers for Disease Control (CDC), the Southern U.S. has been disproportionately impacted by HIV/AIDS, accounting for about half of all new AIDS diagnosis, AIDS-related deaths and people living with AIDS.[29]

Racial disparities further persist in the region due to African Americans accounting for sixty-two percent of all new AIDS diagnoses, but only representing twenty percent of the population in the region. The authors report individual-level factors such as lack of awareness of HIV sero-status[30] and complacency about sexual risks as well as structural-level factors such as poverty and HIV/AIDS-related stigma and discrimination as some of the driving forces of the above-mentioned disparities.[31] They highlight the fact that interventions focusing on education continue to be the most important means of fighting the spread of HIV/AIDS according to the CDC. "In an effort to reduce the incidence of HIV, a broad range of interventions have been developed with the primary objective of providing knowledge and information about HIV/AIDS, sexual risk-reduction resources, safer sexual behavior, and HIV testing" with many AIDS Service Organizations (ASOs) being directly funded to provide services targeting specific populations.[32] Even still, the authors site research showing "the effectiveness of individual and group level interventions may be stifled by factors that hinder the

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[28] Winston Abara et al., "A Faith-Based Community Partnership to Address HIV/AIDS in the Southern United States: Implementation, Challenges and Lessons Learned," *Journal of Religion & Health* 54, no. 1 (Feb 2015): 122-33, accessed May 31, 2015, http://dx.doi.org/10.1007/s10943-013-9789-8.

[29] Ibid.

[30] Sero-status refers to whether the person is HIV+ or HIV-

[31] Ibid.

[32] Ibid.

accessibility and acceptability of HIV prevention interventions." [33] They support the belief that interventions focusing on HIV/AIDS stigma, normative attitudes and perception, accessibility and availability of HIV test resources cultural and structural level factors, may impact risk-reduction behavior more in the African American populations.

Research and the authors of the article/project recognize that the African American church is central to the community and carries with it influence far greater than just the traditional role of spiritual guidance. Acknowledging the church is and has historically been an agent of social change, they point out that in recent years, the church has moved to become an advocate for health promotion and disease prevention.

However, it is further noted that while the church has been involved in health promotion and efforts to prevent diseases such as breast and cervical cancer, as well as heart disease, "there is notable absence of programs to address HIV/AIDS despite its severity in the African American community. And among those that do exist, many are not theoretically based nor do they focus on long-term sustainability."[34] That being said, it is the assertion of the authors that in order to achieve the same success regarding HIV/AIDS prevention that has been achieved with other health-focused programming, the promotion of equitable partnerships between public health entities and churches are critical.[35]

In addition to encouraging key partnerships, a key component of the initiative was to provide technical assistance to each of the grant recipients. This assistance, in the form

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[33] Ibid.

[34] Ibid.

[35] Ibid.

of Interfaith Community AIDS Resource & Education Coalition (ICARE) HIV/AIDS training, financial and fiscal training, evaluation technical assistance, and Health Insurance Portability and Accountability Act (HIPAA) training, was to ensure the success of every proposed intervention.[36] The ICARE training was divided into four modules: Human Sexuality & HIV Basics, HIV/AIDS epidemiology in South Carolina, including factors contributing to HIV/AIDS disparities, HIV and other STI risk reductions strategies, and Facilitation and Communication skills.[37]

Donald E. Messer

In his book, *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis,* Messer challenges all Christians to get off the sidelines and become activists in the fight against HIV/AIDS. He asserts that anyone fighting for social injustice and inequality should also be an activist in the fight against AIDS.
He acknowledges the impact of a discriminatory social system and culture of poverty as well as widespread illiteracy and indifference in many global communities as the predominant cause that continues to fuel the spread of HIV. He asserts, however, "it is not inevitable that this disease should triumph. The powers of disease and death are great, but for such a time as this, God call us for a new mission and ministry in our churches, theological seminaries, and religious institutions."[38]

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[36] Ibid.

[37] Ibid.

[38] Donald E. Messer. *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis* (Minneapolis, MN: Fortress Press, 2004), xiii.

He asserts his belief that we are in an unusual "*kairotic*" moment in time in which God is offering us a new set of possibilities. But we must accept or decline to participate. Mission is not an afterthought but the essence and purpose of our work for Jesus Christ.[39] Messer also believes we have not done enough to respond to the plight of AIDS. "Every new infection is like another nail pounded into the body of our Lord."[40] God does not intend for us to stand and watch but to participate in a mission to meet the needs of the world and hear the voice of God while doing his work here on earth.

Among the various topics he approaches, Messer tackles the issue of the church's silence around human sexuality saying, "The AIDS phenomenon has forced everyone to look at the varieties of human sexual behaviors around the globe that previously were hidden, disguised, or unknown. People's practices do not always conform to what they profess or what society or religions proclaim as the ideal or norm.

Most religions champion celibacy in singleness and fidelity in marriage. There is overwhelming evidence in every culture that persons have multiple partners, experience same-sex relationships, frequent sex workers (prostitutes), and engage in sexual contacts outside of marriage."[41] He points to theologian Gillian Paterson, who contends, "that most cultures and religions officially expect abstinence and faithfulness, but in practice, this is often a fiction and most people know it."[42] As such, public health workers are forced to address what people really do and not what people wish is true. Facts about the reasons HIV is spread are the least of our worries. We must also account for failed

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[39] Ibid.

[40] Ibid., xiv.

[41] Ibid., 41.

[42] Ibid.

attempts to provide accurate information, prophylactics and clean needles that will enable safer practices and, in many cases, adequate protection. Gender roles and societal issues compound the problem.

Women lack the sense of empowerment to negotiate condom use and men are not encouraged to practice safer sex. "Church leaders, silent in the face of prejudice and stigmatization, might as well be actively distributing the virus – for discrimination kills both the body and the spirit."[43] Messer believes we must consider whether we are able to exhibit the compassion necessary to allow those affected and infected to feel the love of Christ. We are in a critical time where our response cannot afford to be weak or insincere but it still must be compassionate as we treat the least of these.[44]

Ezra Chitando and Masiiwa R. Gunda

In their article, *HIV and AIDS, Stigma and Liberation in the Old Testament,* Chitando and Gunda discuss interpretation of the Old Testament that has impacted the church's response to the HIV/AIDS pandemic in Sub-Saharan Africa. The purpose of the article is to explore whether the Hebrew Bible (Old Testament) promotes stigmatization.

They initially set out to give a definition of *stigmatization* – "labeling one as being unworthy of inclusion in the community" – then talk about how religious leaders, who regard themselves as having a monopoly on so-called religious truth stigmatize those they consider to be "lost". [45] Social and economic class act as bases for stigmatization,

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[43] Ibid, 53.

[44] Ibid, 55.

[45] Ezra Chitando and Masiiwa R. Gunda, "HIV and AIDS, Stigma and Liberation in the Old Testament," *Exchange* 36 (2007): 184-197, accessed September 8, 2014, *ATLA Religion Database with ATLA Serials*, EBSCO host.

where those considered rich look down on those considered poor. Stigma is also said to be the outcome of gender differences and sexual orientation. The authors talk about how "HIV and AIDS is linked, in people's minds, with sex, sexuality, and sexual orientation: all of which are associated, in Christian tradition, with sin."[46]

Chitando and Gunda assert in relation to HIV/AIDS, the Bible has not been innocent in its text and has been read in ways that have fueled stigma and discrimination. Yet, in the same manner, it cannot be denied that the Bible has also been misused in effort to oppress those infected.[47] They point out how stigmatization among those living with HIV/AIDS in Africa was formed, due in part to texts such as Deuteronomy 7:12-15 where God clearly inflicts sickness on those who were disobedient.[48] As such, this set the precedent for the belief that HIV/AIDS was punishment for sin. Unfortunately, they say, this belief continues among some Christians.

Ethnicity is also seen as a driving force for stigmatization. The authors report early on "the dichotomy of 'them, the strangers' and 'us, the chosen people' as seen in Israelite life has also been used as in relation to HIV/AIDS because the church adopted and adapted it to show that HIV/AIDS could only affect and infect 'the strangers'."[49] Indeed it was also assumed that social class would also make one exempt from infection – the rich being seen as the epitome of obedience and the poor being disobedient. This is important in the era of HIV/AIDS because Africa, being a very poor continent and the most affected, would be considered cursed by many Africans.

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[46] Ibid.

[47] Ibid.

[48] Ibid., 189.

[49] Ibid., 190.

Although HIV/AIDS is not present in the Bible, it is widely known that certain health conditions, such as leprosy, mirror it. According to Chitando and Gunda, in addition to leprosy, women's health concerns, such as childbearing and menstruation, make women unclean. However, unlike HIV/AIDS, these particular illnesses cause ritual uncleanness and have nothing to do with moral or ethical issues. Thus, stigmatization due to illness "has been made possible by the over dependence of the church on the book of Deuteronomy where disease is understood as a curse from God (Duet. 28:27-29)."[50] The authors suggest there be a re-reading of the Hebrew Bible in light of HIV/AIDS. They assert:

> There are instances where the Israelites believed that Yahweh punished the disobedient by smiting them with illness, yet it is clear also that illness is not always a consequence of disobediences and divine punishment. In most passages in Leviticus, disease and illness are almost always discussed not as a consequence of immorality or disobedience but as natural mishaps that cause ritual impurity. While in most cases the Hebrew Bible discussed disease and illness in order to preserve ritual purity, some Christians have used HIV and AIDS as an excuse to preach about morality and the right way of living. By implication, there has been an attempt at blaming those who are living with HIV as people who plotted their own downfall. Consequently, there have been attempts to use them as examples of God's wrath. [51]

Incorrect use and understanding of the Hebrew Bible has played an intricate role in the stigmatization of people living with HIV/AIDS in Sub-Saharan Africa. Whether focusing on ethnicity, social and economic class, or health condition, scripture has been used to oppress those living with HIV/AIDS. However, our authors want us to understand that "God is a God of the oppressed, downtrodden, those who are in need and those who are stigmatized. In the language of liberation, it is impossible to stigmatize."[52] Thus, there

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[50] Ibid., 192.

[51] Ibid.

[52] Ibid., 194.

is a need for religion to become a source of empowerment of millions of people who continue to suffer in poverty.[53]

Sylvia Jones and David Emmanuel Goatley

"A Faith-Based Forum on HIV/AIDS: Breaking the Silence in the African-American Community," is a report discussing the outcome of a forum held at Mercer University on July 13, 2007. The forum was supported by the CDC and organized by the Graduate School, U.S. Department of Agriculture and Lott Carey Foreign Mission Convention with the purpose of discussing ways in which to break the silence about HIV/AIDS among African Americans by expanding and strengthening the ideas of faith leaders. The forum consisted of thirty-five participants, including panelist, visitors, moderators, and guest speakers.[54]

Jones and Goatley highlight views and suggestions raised by panelist including the need for programs that target African American men, specifically, with the belief that increased knowledge of HIVAIDS will improve their quality of life. Additionally, it was suggested that memorable messages be developed that would get the attention of youth, including effective use of technology. Another suggestion was in relation to women in leadership and the need to consider "non-traditional" leadership styles. Since there are different schools of thought concerning what characterizes a leader, it is important, as one participant put it, to "cast a wide net and look beyond the stereotypical leader"[55] when

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[53] Ibid., 195.

[54] Sylvia Jones and David Emmanuel Goatley, "A Faith-Based Forum on HIV/AIDS: Breaking the Silence in the African-Amenrican Community," *Journal of Religious Thought* 59 (January 1, 2007): 75, accessed August 25, 2014, *ALTA Religious Database with ALTASerials*, EBSCO*host*.

[55] Ibid., 78.

trying to get the congregation involved. Other suggestions included the church meeting people where they are by moving from a theology of condemnation to a theology of compassion and hospitality, allowing all to be and feel welcomed.[56]

The authors share with us the recommendations participants gave when asked to provide a wish list, of sorts, that would engage the faith community in efforts to raise awareness and prevent HIV. Each suggestion spoke to areas that were either missing in the church and/or community or could be improved. Such recommendations included faith leaders using existing technology, including national and local websites, online libraries, and video blogs, as these venues can be used to post local HIV testing sites, and links to public health resources that are able to answer difficult questions. Other suggestions included posting prevention messages populated areas of the church so that congregants, including youth and young adults see the messages often.[57]

Another idea included faith communities treating HIV/AIDS as a health issue. In this way, HIV/AIDS prevention education messages are incorporated as a part of the church's health ministry. Participants felt HIV/AIDS could also be incorporated into social issues. They pointed out the benefit of addressing HIV/AIDS along with domestic violence and supporting legal reforms that protect women and girls from violence.

Furthermore, it was recommended that a curriculum be developed to assist clergy to understand and explain, from a God-centered point of view, how unhealthy sexual relationships can impact ones spirituality, but also how healthy sexual relationships can be achieved. Finally, participants felt it necessary for core competencies to be developed

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[56] Ibid., 77.

[57] Ibid., 79-80.

for all faith leaders addressing HIV/AIDS prevention education.[58] Jones and Goatley conclude by acknowledging what the forum determined to be the biggest challenge facing African American faith leaders in the fight against HIV/AIDS, that being how to equip their congregants to minister effectively to those infected and affected.

Summary

Each of the resources discussed provides a theoretical basis and perspective for this doctoral project. While the first two discuss, at length, the issue of stigma and its impact on society and the church, especially in regards to HIV/AIDS, the last two articles document projects in which public health agencies and African American churches in South Carolina, as well as universities and a faith-based organization in Georgia partnered in an effort to increase HIV/AIDS awareness to combat racial disparities related to HIV/AIDS. In each case, stigma, sin and taboos about sex and human sexuality were common factors in the attempt to stop the spread of HIV. A key factor in the reduction and ultimately the elimination, of HIV-related stigma is increased HIV/AIDS education, which will remove the barriers of taboos surrounding discussion of human sexuality in the African American church and community. As stated in the article by Jones and Goatley, "the more prepared people are to minister to those at varying stages of infection, the more the stigma and stereotypes will be combated."[59]

It should be noted, in spite of search efforts, no resources where found rejecting the idea of the church getting involved in the fight against HIV/AIDS. On the contrary,

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[58] Ibid., 80.

[59] Ibid., 81.

resources found showed researchers arguing for the church to get involved and/or discussing the benefit of faith-based organizations getting involved in the fight against HIV/AIDS and/or HIV-related stigma.

CHAPTER THREE

THEORETICAL FOUNDATION

Biblical Foundation

The issue of Stigma is not a new phenomenon to the world. Throughout history, the impact of stigma can be seen as it is acted out and experienced by those in secular and, specifically, religious communities. People with various diseases, disabilities and conditions have been viewed as unclean – outcasts of the community. Although we seem to have gained ground with some disabilities and diseases such as epilepsy, down syndrome, and cancer, we have not strayed too far from this mindset when it comes to societal stigmas in the areas of mental illness, and HIV/AIDS. Stigma is defined as "a mark of disgrace or infamy; a stain or reproach, as on one's reputations."[1]

From a medical viewpoint, stigma is defined as "a mental or physical mark that is characteristic of a defect or disease."[2] Thus, stigmatization occurs when a person or group of persons make injurious judgments about another person or group of persons. The judgments can be based on race, ethnicity, religion, sexual orientation, socioeconomic status or physical characteristics. It is seen, felt, understood and despised.

[1] Dictionary.com, "Stigma," accessed July 11, 2014, http://dictionary.reference.com/browse/stigma.

[2] Ibid.

This is especially true of its victims. Stigma can be based in varied reasons that are perceived as being valid or invalid and needs no explanation from the perspective of those who participate in using it to deal with those around them

Additionally, stigma often operates under the surface so that many people are not aware of its presence or that it is affecting their behavior towards other people. Director of the Archdiocese of Nairobi Eastern Deanery AIDS Relief Program and a Maryknoll Priest, Edward Phillips defines Stigma as "an unhealthy attitude, which discredits the basic human integrity of the person in society due to a condition or sickness he or she is subjected to."[3] The person is considered "less than the rest of society." For the purpose of this paper, we will define stigma as the judging and subsequent rejection or dismissal of any person based on real or perceived deviance from a norm established by others. "In the closing ceremony of the 2002 AIDS Conference in Barcelona, Spain, Nelson Mandela said, "many people suffering from AIDS and not killed by the disease itself are killed by the stigma surrounding everybody who has AIDS."[4]

Although it could be argued that prejudice and stigma are founded within Old Testament law, we should first take an honest look at the Bible as a whole. When we as the church take a look in between the stories of prejudice and stigma, we find a resounding theme that mandates the church to love all people. It is with this conviction and for this reason that we will examine how stigma surfaces within the story of Job and the Good Samaritan and how God responds to it specifically within Job 42:7-9 and Luke 10:25-37.

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[3] Edward Phillips, "Stigmatization and the Silence of the Church," *African Ecclesial Review* 47, no. 4-1 (2006): 330, accessed April 22, 2013, *ATLA Religion Database with ATLAserials,* EBSCO*host.*

[4] Ibid., 328.

Job 42:7-9

Job is a challenging book, not only because of its complex theology but also because it contains multiple literary genres. It begins as a basic narrative that tells the story of who Job is and the life he has lived up until this point. We are given access to a conversation between God and the Satan, also translated "*the adversary,"* concerning the extent to which Job will be faithful to God. As God relinquishes his hand of protection from Job, allowing the adversary to put him to the test, the flow of the story changes to a somewhat poetic intercourse between Job and three of his friends, Eliphaz, Bildad and Zopher. This intercourse continues from the beginning of chapter three and extends to chapter thirty-two. The poetic intercourse continues for the next five chapters (thirty-three through thirty-seven) with the entrance of another character, Elihu, who appears suddenly to admonish Job for his lack of willingness to admit his sin towards God. Although we have not heard from God since the first two chapters, he shows up in chapter thirty-eight in a whirlwind, and begins speaking to Job. The discourse with God challenges Job's accusations against the fairness of God's judgment. At the end of the questioning, in the final chapter (42:1-6), we find Job confessing his fault to God and repenting of his sin against the Almighty.

Turning to the focal pericope in verses seven through nine, God points His attention to Job's three friends: Eliphaz, Bildad and Zophar. These three have been with Job since the beginning; prodding him about the sin he most certainly must have committed. They have made the assumption that Job's suffering, his illness, and loss of family and possessions, is a result of God's punishment for sin. It should be noted that Elihu is oddly no longer on the scene. The voice of the narration, at this point, is no longer poetic. Carol Newsom suggests this is more than just a change in style as "the

prose conclusion seems to presume a significantly different storyline from the one that has just been enacted in the dialogues and divine speeches."[5]

This section of the conclusion is short and concerns itself with God's rebuke of Job's three friends saying, "you have not spoken of Me what is right as my servant Job has" (v.7). Essentially, God appears to be saying, "You presumed to know My character but you presumed incorrectly." According to Newsom, the word used here for "right" is *nukona*, which means "correct" and not so much that of "sincerity,"[6] which would be an indication of one's intent. This is important because how we perceive God impacts the way we interpret the circumstances in our lives and the lives of others.

For instance, if we, like Job and his friends, view God as a mystical judge who punishes for wrong doing and blesses when we do good, then any negative occurrence in one's life could be presumed to be a result of sin or something the individual did wrong. On the other hand, one who sees God only as a loving and caring deity might believe God does not allow bad things to happen. Thus, when tragedy does hit, such as a miscarriage or tragic loss of a loved one, God is viewed as unfair to have allowed the bad or negative circumstance to occur, sometimes resulting in a loss of faith or even the belief that there is no God.[7] Neither is absolutely correct or true. There must be a balance. God is both an awesome ruler and judge as well as loving and compassionate.

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[5] Carol A. Newsom, "Job 42:7-17, The Prose Narrative: Conclusion," in *The Book of Job:Introduction, Commentary, and Reflections*, Vol. 4 of *The New Interpreter's Bible: A Commentary in Twelve Volumes*, ed. Leander Keck (Nashville: Abingdon Press, 1996), 634.

[6] Ibid., 635.

[7] In my early twenties, I worked with two young ladies, one an Atheist and the other an Agnostic. The young lady who professed to be an Atheist told me she used to be a Christian until her brother was killed in a car accident by a drunk driver. She said afterwards she "could no longer believe in a god who would kill the one person she loved most." The young lady identifying as an Agnostic, had a similar story. However, although she claimed to no longer believe in Jehovah God, she believed there was "a higher power somewhere in the universe."

In these verses, Job is also placed in the role of intercessor and priest for his friends. In verse eight, God instructs the three friends to "take seven bulls and seven rams and go to My servant Job, and offer up a burnt offering for yourselves, and My servant Job will pray for you" (v.8). Verse nine says, the three friends were obedient to what the Lord had instructed them to do "and the Lord accepted Job's prayer."

Historical Background

It is important to understand the history and nature of the times of Job as we continue to survey Job's importance to the discussion of stigma. The character Job and his three friends are thought to be of non-Israelite decent. The name "Job" is not one that is typical of an Israelite name, but forms of this name existed in Syria-Palestine in the second millennium BCE. Additionally, the place where Job was said to live, the land of Uz, is thought to be located in or near Edomite or Aramean territory. As such, it is theorized that perhaps this story has been adapted for Israelite religious context so that YHWH is assumed to be the God in which Job serves.[8]

Although Job was not an Israelite and most likely not Jewish, it is interesting to note the presence of God and his interaction with Job throughout the story. Newsom states the story of Job has been adapted for an Israelite audience and that God has been inserted and assumed to be the God Job serves.[9] Ultimately the conclusion is Job's story may not have originated from a place in the country where God's people dwelled but resonates as a situation shared with persons from all cultures who still need to grapple

[8] Newsom, "Job 42:7-17," 328.

[9] Ibid.

with the issues that can flow from the lives we live, especially the issue of suffering and God's concern for the oppressed.

The book of Job is known to offer a look into a variety of intriguing subjects, which hold significant importance to spiritual life. "…the motivation of piety, the meaning of suffering, the nature of God, the place of justice in the world, and the relationship of order and chaos in God's design of creation."[10] For the purposes of this paper, the topics of suffering as well as the nature of God come into play. Foundational to the discussion of Job with his friends is how the friends understood God and how He worked in their lives and in the life of Job. Their posture and overall approach spoke loudly of their understanding of God to be an exactor of justice based on the life Job was living and had lived. Eliphaz was passionate when he said, "How happy is the one whom God reproves; therefore do not despise the discipline of the Almighty."[11] Bildad believed repentance was in order – "If you will seek God and make supplication to the Almighty, if you are pure and upright, surely then he will rouse himself for you and restore to you your rightful place."[12] The accusations of sin continue as Eliphaz later says, "For your iniquity teaches your mouth, and you choose the tongue of the crafty."[13]

Job's three friends did not believe him to be blameless in his situation. Surely he had sinned, or neglected to repent from some sin that has brought this tragedy upon him. One might say Job's friends were not compassionate, understanding or empathic to his

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[10] Ibid., 319.

[11] Job 5:17.

[12] Job 8:5-6.

[13] Job 15:5.

situation. While others might disagree and say Job's friends were only trying to motivate him to honesty.

Close Reading/Analysis

Job's story is familiar and a part of the historical record. Job is credited as a man of great wealth in both possessions and family. He is shown as one conscientious enough to pray for his children in the event they sin and neglect to offer penance (Job 1:1-5). In what seems like one fatal blow after another, Job's world crumbles before his eyes (Job 1:13-2:8). When Job's world falls apart he does not lack for advice, which begins with his wife. She believes enough in the power of his present circumstances that she advises him to curse God and die – there is no need to live on (Job 2:9). His two friends then visit him and they begin with good intentions, but it does not end that way. (Job 2:11-13) They offer him, first, the gift of presence, which is a noble gift during times of great distress.

As they continue, and are later joined by another, they advise and query him about the nature of his situation (Job 4-25). Their beliefs have become the topic of many sermons, most of whom reach the same conclusion – Job has somehow contributed to the reasons for his plight. He must have done something that has caused him to suffer so greatly. No one would suffer in this manner unless they had done something to bring all of this upon themselves. By the time we make it to Chapter Forty-two, God is speaking to Job and his friends. God addresses Eliphaz saying His "anger is roused against you and your two friends" for they have "not spoken of me what is right."[14]

[14] David A. Clines, *Word Biblical Commentary: Job 38-42* (Nashville, TN: Thomas Nelson Publishing, 2011), 1226.

Scholars such as Duck Woo Nam have argued semantics and believed the Hebrew word translated "right" should be translated "constructively," but Woo's translation is not supported by the Hebrew word used here.[15] Additionally, Carol Newsom's word for "right," *nukona* also appears to not be supported by the Old Testament Hebrew Lexicon.[16] The Hebrew word for "right" is the word "kuwn" and basically means "to be established, to be firm or to be stable." It is understood by most scholars to mean in this context "the right thing or truth." The Akkadian word "kenu" (which "kun" is derived from) connotes justice and truth.[17] The tone of this passage suggests God believes Job's friends have not represented him (God) well as they attempted to advise Job in his time of distress. God wanted to be represented well. Job's friends failed to represent or identify God's intention for allowing Job to suffer to the extent that He did.

A turning point in the story occurs here as God goes on to instruct Job and his friends of what will happen next. In verse 8, God commands them to gather items for sacrifice that they will offer to Job before Job prays for them. God makes it clear that this offering is meant to spare them for their "folly." God also repeats the reasons, in verse eight, for the offering and for accepting the prayer Job will offer for them. Job must turn to intercede for those who came to advise him. In verse 42:9, God accepts Job's intercession for his friends. Job's friends have been saved from the wrath awaiting them and Job's story takes a turn for the better, beginning with verse ten.

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[15] Ibid., 1227.

[16] "Kuwn," The NAS Old Testament Hebrew Lexicon, accessed March 9, 2013, http://www.biblestudytools.com/lexicons/hebrew/nas/kuwn.html.

[17] Bibleworks Software, NET notes for the word "kuwn, kun" used in Job 42:7.

Conclusion

The exchange between God and Job's friends, found in chapter 42:7-9, in some ways parallels the black church's apparent apathy and stigma towards societal ills, such as HIV/AIDS, which continue to be perceived as unpopular or taboo. Job's story speaks of many things. "In popular imagination Job is an icon, emblematic of the sufferer who endures the unendurable without complaint."[18] At the same time, Job represents so much more than one who can endure difficult situations and come out with his head held high. Job symbolizes the need for compassion and understanding.

We have not arrived at a place where our ability to be compassionate and loving is exemplary. If this were the case, stigma would not exist. Actually, we, like Job's friends, are in need of intercession so that we can discern the nature and character of God rightly. We not only need to know how to respond to difficulty in our lives but also in the lives of others. This is truly indicative of God. Never has the need for compassion been greater than today. Our times are plagued with much destruction, confusion and suffering. The church, as a representative of God on earth, should have a response to the needs of the world. The Church should provide a place of solace and comfort, resisting the urge to join in what appears as society's response to those who are different.

Job experienced stigma at the hands of those who were in position to best understand and advocate for him. This is often the case with the church. As those in position to best provide compassion and charity, the church becomes like Job's friends – void of compassion and unsympathetic. In this interpretation, Job's three friends can be understood to represent the church.

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[18] Newsom, "Job 42:7-17," 319.

It creates and/or feeds into stigma when assumptions are made as to how or why a person arrived at their current plight. It relegates it to their spiritual life or lack thereof. So often, when the Church sees people sick or stricken with a disease, it asserts, much like Job's friends, that there is sin that has occurred or the individual lacks faith in God.

On the other hand, like Job, those of us in the body, also question and rail against God as if we are the ones who created the universe and are all-knowing. The church must first get to a place where it acknowledges it does not always understand God's purpose and plan for suffering. This way, it does not make the mistake of presuming the will and intent God has for suffering and stand in judgment of those who are sick with various illnesses. It must be willing to confess sin to God to be used as intercessors and priests to reconcile others to Christ.

Luke 10:25-37

The parable of the Good Samaritan is unique to the book of Luke. While the parable itself is exclusive to Luke, the text preceding it (vv. 25-28) is not. In Matthew 12:35, we find an exchange between Jesus and "a lawyer" who is said to be putting Jesus to the test as he poses the question, "Teacher, which commandment in the law is the greatest?"[19] Additionally, in Mark 12:28, we find a similar exchange in which "one of the scribes" asks Jesus, "Which commandment is the first of all?" Matthew and Luke identify the person in dialogue with Jesus as "a lawyer" who's question was meant to test Jesus while Mark identifies this person as "one of the scribes" who comes up on Jesus talking

[19] Unless otherwise noted, all Scripture comes from Harold W. Attridge, ed., *The Harper Collins Study Bible Fully Revised and Updated New Revised Standard Version Including the Apocryphal/Deuterocanonical with Concordance* (San Francisco, CA: HarpersCollins Publishing), 2006.

to a crowd of people. It should be noted that the terms scribe and lawyer may be seen as synonymous. According to *The New Interpreter's Dictionary of the Bible,* the Greek term *nomikos* is used in both Matthew and Luke's text. It refers to an expert in Mosaic Law.[20] Similarly, the word "scribe," as seen in the Mark text, is taken from the Greek term *grammateus* referring to "an elite scholar who specializes in the teaching and interpretation of religious texts, particularly Torah."[21] Therefore, the person in each of these texts, essentially have the same scholastic background or profession and are known as "experts in the law." Mark records Jesus answering the question by citing what Robert Tannehill refers to as the "double love commandment":[22] "You should love the Lord your God with all your heart, and with all you soul, and with all your mind";[23] with Mark adding the phrasing, "and with all your strength."

In both texts, Jesus goes on to reference Leviticus 19.18, "Love your neighbor as yourself" as the second greatest commandment. In Mark's text, the scribe commends Jesus for answering correctly according to the law and shows his agreement by declaring, "He is indeed one and there is no other like him" and that this command to love God "is much more important that whole burnt offerings and sacrifices"(vv. 32-33). It is Jesus who now commends the wisdom of the scribe and informs him, "you are not far from the Kingdom of God" (v. 34) thus ending the exchange between the two.

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[20] Katharine Doob Sakenfeld ed., *The New Interpreter's Dictionary of the Bible, vol. 3* (Nashville, TN: Abingdon Press, 2008), 615.

[21] Sakenfeld, "The New Interpreter's Dictionary," 136.

[22] Robert C. Tannehill, "Jesus and a Lawyer Discuss Love of Neighbor," in *Abingdon New Testament Commentary*, ed. Victor Paul Furnish (Nashville, TN: Abingdon Press, 1996), 181.

[23] Deut. 6:4-5.

Unlike Matthew and Mark, Luke's account records, "A lawyer stood up to test Jesus" and asking, "Teacher, what must I do to inherit eternal life?"[24] While on the surface there seems to be a different question being asked than in the previous texts, the same answer is given. Additionally, there is a difference in who is answering the question. In his examination of the text, Tannehill notes that the lawyer is not asking the question just to ask it. He says, "this particular question is important as it concerns sharing the ultimate blessing of God's Kingdom."[25] Jesus, knowing the lawyer was an expert in the law, turns the question back to the lawyer. Similar to the other two texts, Deuteronomy 6:5 is cited and linked to Leviticus 19:18.

At this point, both Matthew and Mark end their record of the exchange between Jesus and the lawyer/scribe. However, Luke continues the exchange showing Jesus agreeing with the lawyer's answer and encouraging him saying, "Do this and you will live"(v. 28). Luke highlights a common ground between Jesus and the lawyer – the central theme "that the love of God and neighbor are at the core of the law and that living this way will bring eternal life."[26] The dialogue continues with the lawyer attempting to justify himself as he asks a second question: "Who then is my neighbor" (v. 29)? One might conclude that while the lawyer was fully aware of the extent to which the law required that one should love God, he was not as certain of the extent to which one should be considered a "neighbor"; or perhaps he knew he was guilty of not being neighborly to his brother.

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[24] Luke 10:25.

[25] Tannehill, "Jesus and a Lawyer," 181L.

[26] Ibid., 182.

The term for neighbor "*plesion"* in this instance means "one who is near; where two are concerned."[27] Since this passage of scripture falls after Jesus' Sermon on the Plain (6:17-49), where he spends a great deal of time teaching how love for God manifests as love for others, it would seem unnecessary for the lawyer to make the inquiry "Who is my neighbor?" if he had been present at previous gatherings. But, this cannot be presumed.

However, Green believes the lawyer was not trying to determine whom he must love, but he is attempting to discover the identity of who he is excused from showing love.[28] McFarland argues the lawyer's question is not really one of religion but one of personhood. He says, "Because persons are understood to have a right to a certain level or quality of treatment…it is necessary to have some criteria for determining who counts as a person."[29] In other words, how one views "personhood" directly impacts how they also define who is "neighbor". If one is not considered a person, then he or she may not be considered a neighbor nor is there any obligation to show love to them. In any case, instead of answering the question directly, Jesus begins to tell the parable of the Good Samaritan. Until now, there has been an attempt to distinguish similarities and differences in the exchange between Jesus and the lawyer/scribe as recorded in Matthew, Mark and Luke.

Although his introduction closely mirrors that of Matthew and Mark, in that Jesus appears to be in the midst of a crowd teaching when a lawyer/scribe stands up to ask his

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[27] Thayer and Smith, "Greek Lexicon entry for Plesion," The NAS New Testament Greek Lexicon, accessed May 12, 2013, http://www.biblestudytools.com/lexicons/greek/nas/plesion.html.

[28] Joel B. Green, "The Gospel of Luke," In *The New International Commentary on the New Testament,* ed. Ned B. Stonehouse et al. (Grand Rapids, MI: W.B. Eerdmans Publishing Co., 1997), 426.

[29] Ian A. McFarland, "Who Is My Neighbor?: The Good Samaritan as a Source for Theological Anthropology," *Modern Theology* 17, no. 1 (January 2001): 59.

own question, one must also notice that Luke is the only one of the three whose lawyer/scribe follows his first question with a second question, "Who then is my neighbor?" It is this question and, more specifically, the word "neighbor" that links Luke's introduction and thereby becomes the catalyst for Jesus' parable of the "Good Samaritan." However, after Jesus declares that there are no greater commandments than those about loving God and neighbor as self, there is nothing in Mark (or Matthew) that offers any linkage to the parable of the Good Samaritan.[30]

In his parable, Jesus tells of an unidentified man that is beaten, robbed and left for dead as he was travelling from Jerusalem to Jericho. A priest and a Levite both cross to the other side of the road when they see him laying the ditch. A man, now identified as a Samaritan, comes by and seeing the injured man, applies oil and wine to his wounds, bandages him up, puts the man on his own donkey and proceeds to take him to a nearby inn where he can recover from his injuries. The Samaritan leaves two denarii for the innkeeper to care for the man until the he returns. Additionally, the Samaritan offers to cover the cost for anything more that was needed, when he returns.[31]

After telling this story, Jesus turned to the lawyer and asked, "Which of these three was a neighbor to the man who fell into the hands of the robbers?" He answered, "The one who showed him mercy."[32]It is within these lines, Stagg asserts, lay the point of the entire parable – "to replace the lawyer's question with the question Jesus asks."[33] However, there seems to be an even bigger point that Jesus is trying to make. At the end

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[30] Frank Stagg, "Luke's Theological Use of Parables," *Review and Expositor* 94 (1997): 223-24.

[31] Luke 10:30-35.

[32] Luke 10:36-37.

[33] Stagg, "Luke's Theological Use," 223.

of his story, Jesus still does not provide the lawyer with a definition of his neighbor. It is here that McFarland further asserts the idea that Jesus' real purpose for his question is to "force the lawyer to apply the term 'neighbor' not to the victim but to the one who actually showed compassion to him."[34] This seems a reasonable assertion as we see Jesus instructing the lawyer to "Go and do likewise." Thus, quieting the lawyer and ending the exchange.

Historical Background

Important to the story of the Good Samaritan is the long history that lay between the Jews and the Samaritans. However, to explore the history in its entirety, would take more time than is possible for this paper. In short, when the king of Assyria took the land of Samaria, he captured and deported the Israelites of the northern kingdom.[35] The king, however king replaced the Israelites with foreign colonists who were from the pagan nations of Babylon, Cuthah, Avva, Hamath, and Sepharvaim in northern Israel. These colonists are thought to have intermarried with the remaining Jewish inhabitants of the land and eventually becoming a group of people known as the Cutheans and Samaritans. Disputes between Jews and Samaritans continue today, due, in part, to the worship practices of the new inhabitants of Samaria who adopted the religion of Israel, but continued with their pagan practices. Jews consider Samaritans to be religious heretics and foreigners of an inferior race.[36]

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[34] McFarland, "Who is my Neighbor?," 60.

[35] 2 Kings 17.

[36] John MacDonald, "Samaritan Origins" in *Encyclopedia Judaica*, 2nd ed., vol.17, eds. Frank Skolnik and Michael Berenbaum (Farmington Hills, MI: Thomson Gale and Keter Publishing House, 2007), 719-720.

During the time of Nehemiah, when the temple was being rebuilt, the Samaritans offered to help but their offer was declined.[37] In response, the Samaritans eventually built their own temple on Mt Gerizim and proclaimed it to be the true house of God. The Jews and Samaritans had been in conflict for several hundred years when the lawyer raised his question of "Who is my neighbor?"

As noted previously, the Greek term for lawyer *nomikos* used in Luke's text refers to an expert in Mosaic Law.[38] Therefore, it can be said with certainty that this lawyer was well educated with what the law said about loving God and neighbor as referenced in the Deuteronomy text (6:4-5) and loving neighbor as self in Leviticus 19:18.

However, in his review of the Good Samaritan, Culpepper raises the point of restrictions being held in place during first century Judaism with specific rules concerning how a Jew should treat a Gentile or Samaritan, how the priest should relate to Israelites, and how men should treat women just to name a few. Since such boundaries allowed certain groups to assert their position, power and privilege, it was essential to the social order that these boundaries be maintained.[39] Therefore, it was understood that the lawyer was attempting to define the limits of required neighborliness. This is relevant since the law, as stated in Leviticus 19:34, requires that aliens be treated as a citizen,[40] which is vastly different from what the term for neighbor "*plesion"* means in this

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[37] Ezra 4.

[38] Sackenfeld, *The New Interpreter's Dictionary*: "Lawyer," 615.

[39] Alan R. Culpepper "Luke 10:29-37, The Good Samaritan." in *The New Interpreter's Bible: A Commentary in Twelve Volumes*, ed. Leander E. Keck (Nashville, TN: Abingdon Press, 1996), 229.

[40] Ibid.

instance.[41] Moreover, Culpepper asserts that Jesus, "by making the Samaritan the hero of his story, challenged the long-standing enmity between Jews and Samaritans."[42]

At this point in his ministry, Jesus was traveling towards Jerusalem where he would ultimately face crucifixion, yet he continued to minster to the people along the way. Interestingly, the road on which Jesus and his disciples were traveling may have been a portion of the same road on which the unidentified man was assaulted as they had to pass Samaria.[43] This is relevant because the road from Jerusalem to Jericho was dangerous. It descended nearly 3,300ft. in seventeen miles. The road ran through narrow passages, and the terrain provided easy hiding places for bandits wanting to terrorize travelers. A priest and/or Levite, coming upon a corpse as they traveled, had a duty to stop and bury it.[44] However, in the parable, neither of them did.

Riga would argue that this was not because the priest and Levite were unfeeling but rather because they probably did not want to suffer ritual impurity as they made their way to minister in the temple.[45] Additionally, noted in this study is the relevance of the Samaritan's use of wine as an antiseptic and oil as a healing agent to minister to the wounded man. These were considered to be medicines used by the ancients, but "even more important, they were elements of the liturgy in temple worship of God."[46]

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[41] Thayer and Smith, "Greek Lexicon entry for Plesion," The NAS New Testament Greek Lexicon, accessed May 12, 2013, http://www.biblestudytools.com/lexicons/greek/nas/plesion.html.

[42] Culpepper, "The Good Samaritan," 230.

[43] Luke 9:51-16.

[44] Culpepper, "The Good Samaritan," 229.

[45] Peter J. Riga, "The Good Samaritan," *Emmanuel* 109 (September/October 2003): 371.

[46] Ibid.

Close Reading/Analysis

The parable of the Good Samaritan is described as a glimpse into the compassionate life of a follower of God. It is also seen as a narrative speaking of the love of God toward those of us helpless, hopeless and alone. In this story a Jew (or one implied to be Jewish) has been robbed and molested by those who left him on the side of road to die. As this Jew lays there bruised and needing attention, a few persons pass by. He is first encountered by a priest, who observes the state of his condition but moves to the other side of the street, continuing on his course. The person robbed is then seen by a Levite who did like the priest and moved to the other side of the road, continuing on his way. However, a Samaritan comes by and looks on the man with compassion. He goes to the man, tends to his wounds, places the man on his donkey and travels with him to an inn. The Samaritan leaves him with the inn keeper, leaving money to care for the man and also promising that if the cost to care for the injured man exceeds what the inn keeper has been paid he would return to settle the debt. Jesus ends his story with a question of who, in the story, was a neighbor to the injured man.

Many scholars agree that the priest and the Levite seem to obviously represent religious leaders – those who know the law and pride themselves on keeping it but only when it suites them to do so. The two in this parable seemed more concerned about being ceremonially clean than they were about helping a fellow Jew, which usually is a given rather than the exception.[47] The Samaritan who is despised by the Jews is often said to

[47] Riga, "The Good Samaritan," 371.

represent Jesus Christ, the Savior who brings the sinner (the one left on the side of the road) to church (the innkeeper) "who is to take care of them 'until he returns."[48]

There are other implications that should be considered. In the world where this story would have found its context, the phrase "Good Samaritan" would be considered an "oxymoron" to Jews.[49] Samaritans represented the individuals who were left behind after other Jews were taken to Babylon. They were viewed as those who blended in with other races, thus considered to have compromised who they were. They were despised and ostracized, seen as unclean and unfit. A deep hatred formed between Jews and Samaritans that lasted for centuries.[50] These facts alone made it improbable, given normal circumstances that a Samaritan would go out of his way to assist a Jew, or that Jew would receive help from a Samaritan. This story reflects the love of God, the need we have for each other and the demand to go beyond our comfort zone in order to do the work God has called us to do.

Conclusion

Bock says, in his review of Luke 10:25-37, "One of the most abstract, but important, questions we can wrestle with is the goal of life."[51] We hear it asked time and again, "What is your Purpose?" "What do you want to accomplish?" Not only are individual people asked these questions, but organizations, big and small, must be able to

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[48] Ibid., 373.

[49] Ibid., 371.

[50] Ibid.

[51] Darrell L. Bock, "Luke," in *The IVP New Testament Commentary Series 3*, ed. Grant R. Osbourne (Downers Grove, IL: InterVarsity Press, 1994).

answer this question if they hope to obtain backing from financial institutions. So must the church answer the question of mission. What is it we want to accomplish? One could argue that the church already has its mission, given before the ascension of Christ – "Go, therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you."[52] If this were the case, no individual congregation would ever have to go through the exercise of developing a mission statement because we would all have the same mission. And while we all were given the same missional command, many of us continue to move forward in our own lives, with our own mission and agenda, treating whom we want and when it is convenient.

In looking at the story of the Good Samaritan, we see a man who was walking along the road and was over taken by robbers, beaten, robbed and left for dead in a ditch. The man represents individuals who are lost and dying. This is not only a physical death they are experiencing, but a spiritual death. This man is the homeless and hungry person who every day of their life is met with looks of disgust because of the way they look or smell. This man represents the gay man or woman whose biological and/or spiritual family have turned their backs on them because of their "sinful" lifestyle. He is the person with a physical or mental disability or the person with HIV/AIDS who lives in fear that someone will discover their secret. This man represents the stigma that continues to plague the black church concerning taboos related to and sexuality – lying in the ditch waiting to be picked up and cared for by someone.

[52] Matthew 28:19-20.

Pastors and other church leaders have taken on the "persona" of the priest and Levite. Many have traded the urban communities they once live in, for suburban living. This is not to say that religious leader should not live in nicer communities, it is just an observation. However, as they drive through the communities where their churches are located, they fail to acknowledge and/or address the issues that plague and ultimate drive the socioeconomic value down.

Like the priest and the Levite, as they drive through the neighborhood, they see the increased poverty, gang violence, drugs, prostitution, homelessness and various other social ills that impact health disparities, yet they either feel helpless to do anything or, as Riga suggested, "they don't stop to offer assistance for fear of suffering ritual impurity on their way to minister (or Worship) in the "Temple."[53] Moreover, it could be said that church leaders also, like the lawyer seem to be asking the question, "What must I do to inherit eternal life"[54] and "Who is my neighbor?"[55]

Unfortunately, the black church and most likely the church in general, including its leaders and congregants, seem to have fallen in to the trap of serving whom it chooses to serve. We will feed the hungry and minister to those in prison. We will even visit the sick, but not those with HIV/AIDS. Our leaders look the other way when it comes to sexual sin regarding adultery and fornication, but not when it comes to homosexuality. This is what is known as "feel good religion." If we continue to engage the parable through the lens of analogy, the inn, is the ideal image for the church, ready and waiting to accept and minister to the lost and disenfranchised. We are called to be a hospital

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[53] Riga, "The Good Samaritan," 371.

[54] Deuteronomy 6:5.

[55] Leviticus 19:18.

where the wounded can come and get well. However, for too long, the church has fallen prey to apathy, which oftentimes manifests as silence – a facet of stigma.

In his article on *"Stigmatization and the Silence of the Church,"* Phillips admits the response to stigma by the church and other societal institutions, has either been met with silence or condemnation. Unfortunately, he says, the voice of the church has not been loud enough to cause a change in the behaviors and attitudes toward stigma." He goes on to say, this inability to make a radical change should not be seen as a failure of the church, but rather a lack of methodology.[56]

Jesus is still telling the story and representing the Good Samaritan. His desire for the African American church is the same as for the church, in general. As so called "experts in the law" Jesus knows and agrees with our answer that we must "Love the Lord our God with all our heart, with all our soul, with all our strength and with all our minds. And love our neighbor as ourselves." Like the Samaritan, he is calling the church to be moved with compassion, regardless of who is in need. As the lawyer discovered, we too must come to realize that "neighbor" refers to whoever is in need. Finally, the black church must develop a methodology to eliminate the shroud of silence called stigma and extend the love of Jesus to all who walk through its doors, as it manifests the healing balm of his grace.

Historical Foundation

For as far back as historians have been able to document, viruses and diseases have struck, killed and left their marks on communities and entire societies. Such known

[56] Edward Phillips, "Stigmatization and the Silence of the Church," *African Ecclesial* Review 47, no. 4-1 (2006): 328, accessed April 22, 2013, *ATLA Religion Database with ATLASerials*, EBSCO*host*.

viruses include bird flu, swine flu, tuberculosis, and various forms of the plague, including Ebola, which has reemerged in the twenty-first Century. Throughout the Bible, there is documentation of different forms of diseases called "leprosy;" some making the skin dark and scaly, others make the skin "white as snow" as in 2 Kings 5:27. We continue to struggle with the physical and social ramifications of illness and infection. Various forms of the flu impact communities worldwide, year after year.

Although the United States has seen a decrease in the incident of Tuberculosis, there has continued to be "an increasing proportion of cases have been observed among foreign born, while racial and ethnic minorities have represented a higher proportion of cases among the U.S. born."[57] And for the last thirty years, there has continued to be a steady rise in what may be the most devastating plague of the twenty-first century: HIV/AIDS.

Some of these viruses and diseases now have a medical cure or at least a means for treating and preventing their spread. However, the social response to epidemics and pandemics today is remarkably similar to earlier centuries. Just as people who suffered with the plague during the fourteenth century were blamed and ostracized for their illness, people suffering from the twenty-first century plague of HIV/AIDS are also blamed and ostracized. People with HIV/AIDS are accused of being promiscuous, immoral, and sexually irresponsible. Those who have had the misfortune of being born with the virus or contracting it through blood transfusion, are treated no differently.

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[57] "Trends in Tuberculosis – United States, 2011," *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR)* 61, no. 11 (March 23, 2012): 185, accessed May 19, 2013, http://www.cdc.gov/mmwr/pdf/wk/mm6111.pdf.

Unfortunately, this stigmatization is not relegated to just secular society; it also comes from religious communities.

The purpose of this section is to explore the history of the Christian Church as it relates to pandemic diseases around the world. More specifically, we will look at the so-called Black Death of the fourteenth century and the twenty-first century plague known as HIV/AIDS and draw a correlation between the fourteenth century church's response to the Black Death and that of the church's response to HIV/AIDS.

The fourteenth century plague known as the "Great Mortality" or the "pestilence" occurred during the mid-1300s. Said to have been one of history's most devastating plagues, it is thought to have been a combination of the bubonic and two other strains of plagues – septicemic and pneumatic plagues.[58] However, there is some argument amongst historians and scientists regarding the possibility of this being a mixed case of plague and anthrax, passed from cows or other farm animals. Since there is not substantial or valid evidence to this claim, we will ascribe to the notion that this plague was of the bubonic form. This particular variant gets its name from the swelling that occurs in the lymph glands called, "buboes" that most commonly appear on the neck, armpits or groin of its victims. These buboes generally occur at the site of the insect bite.[59]

Bubonic plagues were not new to the region. However, this particular one was not what was considered to be "normal." The outbreak reached Europe from China in 1347 and spread rapidly as it moved relentlessly from country to country. It is thought to have

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[58] Louise Chipley Slavicek, *The Black Death* (New York, NY: Chelsea House, 2008), 7.

[59] "Plague," *MedlinePlus Medical Encyclopedia*, accessed November 20, 2012, www.nlm.nih.gov/medlineplus/ency/aricle/000596.htm.

started in Central Asia and spread to China and India being carried from port to port by merchants and sailors, travelling from the affected regions, specifically from Italy. This would account for how the disease appeared to have moved along the usual trade and sea routes to the Middle East and the Mediterranean. According to one account, Muslim Tartars were infected by the plague as they sought to overtake a Christian Genoese trading station. Instead of seeking refuge elsewhere to retreat from the plague, they used the bodies of their dead to hurl into the city and spread the disease. The people found no relief from the spread of the disease, even as they put bodies into the sea.

As people fled from one place to the other, the disease went with them from the Black Sea to the Mediterranean, then to Messina in Italy in 1347 and on to Paris and the south coast of England in 1348. The final result was a spread of this disease on to the rest of Europe.[60] This particular plague caused devastation throughout Europe from Sicily to Norway, from Ireland to Russia, killing as many as twenty-five million to forty-five million men, women and children (approximately thirty-three percent to sixty percent of the European population).[61] For the purpose of this paper, we will refer to this disease as the Black Death as it would later become known. The Black Death was no respecter of persons. It ravaged most everything in its wake – young and old, rich and poor, those in the city as well as those living in the rural farmlands. It devastated religious communities – Jewish and Christian alike. No amount of prayers, rituals, commitments or promises made to God helped to protect them from the devastating effects of the Black Death.

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[60] Georg Scriba, "The 16th Century Plague and the Present AIDS Pandemic: A Comparison of Martin Luther's Reaction to the Plague and the HIV/AIDS Pandemic in Southern Africa Today," *Journal of Theology for Southern Africa* 126 (November 1, 2006): 67-8, accessed May 25, 2013, *ATLA Religion Database with ATLASerials*, EBSCO*host.*

[61] Slavicek, *The Black Death*, 7.

Plagues are caused by specific bacteria, *Yersinia pestis*, named after the Swiss Microbiologist Alexandre Yersin and Japanese Scientist, Shibasaburo Kitasato who were finally able to isolate the bacteria in 1894.[62] It is found in and transmitted from fleas, rats and other small mammals and rodents to humans. The bacterium is able to live and multiply in the digestive tract of fleas for up to six weeks.

During this time, the bacterium can increase in numbers causing a blockage of the flea's digestive tract, preventing the flea from getting any food.[63] As the flea goes from host to host attempting to feed, it transmits the bacterium that has built up in its digestive tract each time it bites someone. In addition to a flea or rodent bite, plague can be transmitted through the skin. "When a flea defecates on a person's skin and the person scratches enough to break the skin, the bacteria can enter through the scratch."[64] The way in which the bacterium is spread, and ultimately the buboes that result from the bites, is what distinguishes this form of plague as Bubonic. This form of plague most commonly appeared during warmer seasons.

Two other forms of plague are Septicemic and Pneumonic. The Septicemic plague was also thought to be transmittable through fleabites with virtually no incubation period and infected the bloodstream, causing the patient to bleed internally and die within a matter of one to two days. The Pneumonic plague was, however, an airborne pathogen that attacked the lungs, causing its victims to literally drown in their own fluids. This form of plague was most commonly seen during the winter or colder months and was

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[62] Diane Zahler, *The Black Death* (Minneapolis, MN: Twenty-First Century Books, 2009), 22.

[63] Ibid., 23.

[64] Ibid., 25.

more deadly than its bubonic counterpart. Symptoms showed within three days of infection, but death occurred within forty-eight hours of the onset of symptoms.

With the outbreak of the so-called Black Death came great fear. Some believed the cause was due to foul air, deadly vapors coming from under the ground, and bad sanitation. This resulted in town magistrates encouraging villagers to improve their hygiene practices. They also resorted to setting limits on the movement of people and isolation practices for those infected. So-called "pest-houses" were also constructed outside of the communities for those infected and pits were dug specifically for those who did not survive. With belief that the infected air was harmful, some took to using popular remedies such as burning spices and herbs and eventually smoking tobacco.[65] Since it was not known what caused it or how to stop it, people of medieval Europe, believing that God was the overseer and judge of the world and all human behavior, relegated the mysterious disease to punishment for sin, from an angry God.[66]

This was not far-fetched as the notion of God sending a pestilence to punish the wicked has essentially been documented throughout the Bible. Such examples can be observed in Exodus chapters 7-11. When, at the urging of Moses, Pharaoh's heart continued to be hardened towards the children of Israel, God sent ten plagues on Egypt and Pharaoh - Water to Blood, Frogs, Gnats, Flies, Livestock Disease, Boils, Thunder and Hail, Locusts, Darkness and finally, Death. The final plague, death to every first born of Egypt, including Pharaoh's son, ultimately caused Pharaoh to let the children of Israel go.

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[65] Scriba, "The 16th Century Plague," 68.

[66] Phyllis Corzine, *The Black Death* (San Diego, CA: Lucent Books, Inc., 1997), 57.

Another such example occurs in 1 Samuel 5-6, in which an outbreak of plague is recorded in the Philistine cities of Ashdod, Gath, and Ekron after the ark of God was captured. In an effort to rid their land of the pestilence, the Philistine priests suggested the ark not be sent back to the Israelites empty, but rather sent back with a guilt offering which consisted of five golden rats and five golden boils.[67] Scriba states it was not until the beginning of the twentieth century when medical scientists, specifically Robert Koch, were able to study the disease more scientifically, and therefore understand the significance of the golden rats and golden boils.[68]

Muslims, on the other hand, considered victims who were righteous and holy to be martyrs, who gained immediate entrance into Paradise. However, sinners were considered to be God's main target.[69] Although this was the accepted theological cause, it was left to the scientist, philosophers and physicians to give cause from the physical and scientific standpoint. Unfortunately, this did not prevent Crusaders from attacking Jewish communities.

After the plague struck, King Philip VI of France asked for an explanation from the prestigious medical facility of the University of Paris. It was announced that the initial cause of the plague was due to a "conjunction of the planets Saturn, Jupiter, and Mars in the sign of Aquarius that took place on March 20, 1345."[70] While this eventually became the official "scientific" explanation it did not supersede the thought that God was

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[67] 1 Samuel 6:4.

[68] Scriba, "The 16th Century Plague," 67.

[69] Joseph P. Byrne, *The Black Death* (Westport, CT: Greenwood Press, 2004), 81-2.

[70] Corzine, *The Black Death*, 58.

sending his punishment. It was, therefore, believed that the movement of the planets was the means by which the will of God was manifested here on earth.[71]

As the Black Death continued to ravage Europe, people fled their homes, businesses and their communities. Some of those fleeing included governmental officials and church leaders. As such it became necessary for Martin Luther to address the question of "Whether one may flee from a deadly plague."[72] In this letter to Johann Hess, Luther addressed the issue of city and governmental officials leaving their towns and villages as well as that of Christians deserting their call to the ministry of service.

Although he provided some leniency for those who he said lacked in the area of faith, Luther made it clear that those in leadership, especially pastors, had an obligation to stay and serve the dying. According to Luther, the only way pastors were excused to leave was if they left a designee in their place. He justified his stance with scripture: "A good shepherd lays down his life for the sheep, but the hireling sees the wolf coming and flees" (Jn. 10:11). Furthermore, Luther believed, the love of God and thus for others, should compel the Christian to stay and care for the sick and the dying, even at the risk of losing one's own life. Ultimately, he believed that this is the will of God. Therefore, many Christians remained in the wake of the Black Death, serving those infected; giving last rites and comforting the dying and/or nursing others back to health. Some became infected and died, but this did not seem unreasonable to Luther as it was, in fact, the ministry they had been called to do.

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[71] Ibid.

[72] Martin Luther, *Luther's Works* (Philadelphia, PA: Wiencke, Lehmann, 1955), 121-27.

It has been said, "In the absence of information, people will create their own."[73] This appears to be true as it relates to the rise of Jewish persecution during the Black Death. Jews were believed to be responsible for the Black Death. They were said to have "poisoned" the water and wells in an effort "to kill and destroy all of Christendom and have lordship over all the world."[74] Unfortunately, this was due to reports of a Jew by the name of Agimet who confessed to dropping poison and venom, given to him by a Rabbi Peyeret, into various wells and springs. This so-called confession was reported to have been made after Agimet had been tortured twice.[75] Many other Jews made the same confession under torture. However, the actual root of the animosity between the Jews and Christians was their differing views on the identity of Jesus. "The theory, emotions and justifications of anti-Semitism were laid at the time – in the canon law codified by the Councils; in the tirades of St. John Chrysostom who denounced the Jews as Christ-Killers; in the judgment of St. Augustine who declared the Jews to be 'outcasts' for failing to accept redemption by Christ."[76] Their dispersion was considered to be punishment for their unbelief.

In addition to increasing Jewish persecution, this was also the time when the practice of Kabbalah began to intensify its mystical and astrological contents. Practiced only by wealthy Jews such as Rabbis, merchants and financiers, Christians believed hidden among the secrets of Kabbalah were recipes for Black Magic and with

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[73] Quoted from unknown/anonymous origin.

[74] Barbara W. Tuchman, "The Black Death Blamed on the Jews," in *Turning Points in World History: The Black Death*, ed. Don Nardo (San Diego, CA: Greenhaven Press, Inc., 1999), 82.

[75] Norman F. Cantor, *In the Wake of the Plague: The Black Death & The World It Made* (New York, NY: The Free Press, 2001), 147- 48.

[76] Tuchman, "The Black Death Blamed on the Jews," 83.

increased suspicions of witchcraft on the rise, it somehow became relatively easy to link the Black Death to the Kabbalah and witchcraft due to doctrinal overlap of the Kabbalah and dualist Christian Catharist heresy.[77] Not unlike Christian denominations today, varying sects rose up against the Catholic Church. One sect was the Cathari who professed a neo-Manichaean dualist viewpoint in which two principles – one good and one evil, exists. They believed the good principle created the invisible and spiritual universe, while the evil principle was the author of the material world.[78] This heretical sect hated and was hated by the Catholic Church, which only served to further fuel unrest during the Black Death.

Jews were also believed to have kidnapped and tortured Christian children, drinking their blood for various reasons, including sadism and sorcery. It was even said that Jews were "unnatural beings" and needed Christian blood "to give them a human appearance."[79] Although many rabbis, the emperor and the pope refuted this rumor, this remained a popular myth especially in the minds of those in Germany, where charges of "well-poisoning" also originated.

During the time of the Black Death, millions of Jews suffered all manner of atrocities and were massacred at the hands of Christians as well as other members of society. These stereotypes were created against Jews to fostered mistrust and fear. Attention on the actual killer (the Black Death) was misdirected and focused on Jews. They were first seen as not being affected by the disease, but reports were written to the

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[77] Cantor, *In the Wake of the Plague*, 149-51.

[78] Nicholas Weber, "Cathrai." in *The Catholic Encyclopedia, vol. 3* (New York, NY: Robert Appleton Company, 1908), accessed May 24, 2013, http://www.newadvent.org/cathen/03435a.htm.

[79] Tuchman, "The Black Death Blamed on the Jews," 85.

contrary. These reports included accounts from an English Chronicler Henry Knighton. He wrote that in 1348 as the Black Death spread in England, it began in India, then Tarsus, affected Muslims and "finally to the Christians and Jews…so that in the space of one year… there had died…eight thousand legions, besides the Christians."[80] Regardless of accounts like this, misperceptions spread like wild fires.

People chose to believe the worst about Jews and acted on the fear in horrific ways. They were burned, tortured and forced to admit to crimes they did not commit, as previously mentioned. Organized massacres took place that killed whole communities of Jews. Some were asked to convert to Christianity before being killed where others were killed on the strength of their heritage alone.[81] There were those who may have felt the same way as Luther long before he made public his statements, understanding that we have a God-given responsibility to those in the midst of pain and that our responsibility is beyond self-protection. Clement VI prohibited the killing, looting and forcible conversion of Jews with a Bull in 1348.[82] Many others tried to do the same but eventually gave in under the pressure from the people and their representatives who cried out for justice and action.[83] In the end, the stereotype grew and was accepted as fact during this time. Jews were killed by the thousands.

As time passed and a better understanding of the nature of the plague became known, rumors and myths about the Jews' role in the Black Death diminished. This,

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[80] Matthew Boyd Goldie, *Middle English Literature: A Historical Sourcebook* (Oxford: Goldie, 2003), 170.

[81] Tuchman, "The Black Death Blamed on the Jews," 88.

[82] Tuchman, "The Black Death Blamed on the Jews," 87.

[83] Tuchman, "The Black Death Blamed on the Jews," 87.

however, did not kill the notion in the minds of those looking for a scapegoat. The mass killing of Jews would be repeated during World War II because of the beliefs of Hitler and his followers. Their role in bringing destruction, economic ruin and disease would be repeated for all to hear, bringing another wave of fear and mistrust against Jews.

Although Luther sometimes displayed tendencies towards anti-Semitism, his call to arms is a call to be different in our response to the devastating moments in life. Illness and disease may seem inevitable but what is not is the church's response to it. History begins to show a pattern to our behavior. As devastation comes, people respond and also look to the church for an answer. The church provides an answer that is mixed in interpretation. Some of us, like Luther, call for the people of God to stand firm and do as we interpreted Jesus to do – meet the needs of people by being with them and bringing healing to their situation. Others of us adopt the ideas of society and in many instances behave as the world behaves, which is rooted in a place of fear.

Italian writer Giovanni Boccaccio was a survivor of the plague. In his fictional account of seven men and three women called, The Decameron, he speaks of the reactions to the plague by authorities and spiritual leaders, "In this suffering and misery in our city, the authority of human and divine laws almost disappeared, for, like other men, the ministers and the executors of the laws were all dead or sick or shut up with their families, so that no duties were carried out. Every man was therefore able to do as he pleased."[84] Social decline also occurred according to Boccaccio who further states in his account that "One citizen avoided another, hardly any neighbor troubled about the

[84] "The Black Death, 1348," Eyewitness to History, accessed October 14, 2014, http://www.eyewitnesstohistory.com/plague.htm.

others, relatives never or hardly ever visited each other."[85] Brother was said to abandon sister and even wife abandoned husband. "What was even worse and nearly incredible is that fathers and mothers refused to see and tend their children, as if they had not been theirs."[86] One might say that Luther's call was directed to leaders of their flocks or those who serve in a pastoral role.

Indeed Luther did call out to Christian pastors, but he also called out those who had responsibilities as city leaders and officials.[87] Luther's position is based on his belief known today as Lutheran 2-Kingdom theology, which holds that God is able to influence the world in two ways: first, through the gospel to produce righteousness in all humanity and secondly, through the law to bring about external peace and to prevent evil deeds.[88] According to Luther, both are needed in the world and "guard against two menaces: ecclesial theocracy, which tries to "Christianize" earthly temporal rule, and autonomous secularism, which aspires to rule the world arbitrarily without any reference to God's will expressed through law and justice."[89] Therefore, in Luther's mind, the captain could not abandon the ship. This was the time of action and not the time to flee, even if one's life was at risk.

Acquired Immune Deficiency Syndrome (AIDS), the advanced disease process caused by the Human Immunodeficiency Virus also known as HIV, is referred to as the modern day plague by society and many working in the field of HIV/AIDS. Originally

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[85] Ibid.

[86] "The Black Death, 1348."

[87] Luther, "Whether One May Flee," 117.

[88] Joel B. Green, ed, *"Two Kingdoms" Dictionary of Scripture and Ethics* (Grand Rapids, MI: Baker Academic, 2011), 498.

[89] Ibid.

called GRID (Gay-Related Immune Deficiency), AIDS made its mark on the United States in the early 1980s where it was found to primarily affect homosexual males. In its early days, the U.S. witnessed many deaths due to AIDS related illnesses. However, Sub-Saharan Africa and Southeast Asia saw a greater number of deaths resulting in many orphaned children. Many of those infected with HIV died within a year of their diagnosis primarily because they were diagnosed late, but also because there was no effective treatment available. It is important to note early on, no one knew what caused HIV. Just as scientists and doctors were unaware that the plague was a bacteria, in the early days, neither did they know HIV was a virus. As a result, a lack of knowledge in both helped to spread fear and lead to stigma.

In 2009, the Centers for Disease Control (CDC) reported beliefs that the numbers being reported for people infected with HIV were too low and that many more people unknowingly are living with unreported or undiagnosed HIV infection.[90] This caused an increase from the estimated 40,000 to 50,000 new cases of HIV per year.[91] "At the end of 2009, an estimated 1,148,200 persons aged 13 and older were living with HIV infection in the United States. This included 207,600 (18.1%) persons whose infections had not, yet, been diagnosed. By 2011, there were about 2.5 million new cases of HIV worldwide. About 34.2 million people are currently living with HIV around the world."[92] Although

[90] "AIDS," The Free Dictionary.com, accessed November 20, 2012, http://thefreedictionary.com/HIV+AIDS.

[91] "Basic Statistics," Center for Disease Control, accessed November 21, 2012, http://www.cdc.gov/hiv/topics/surveillance/basic.htm#incidence.

[92] "Statistics Overview," Center for Disease Control, accessed October 11, 2014. http://www.cdc.gov/hiv/statistics/basics/index.html.

more than half of those infected are now women, this disease, like the Black Death, shows no bias to who it affects – men, women, and children alike.

Unlike the Black Death, HIV is a virus that is spread primarily through behavior. HIV is transmitted through blood, sexual fluids, as well as from an infected mother to her child before during and after delivery, including through breast feeding.[93] When the HIV virus enters the body, it attacks and enters the helper cells, also called T-cells, and begins to replicate itself, destroying the cells from the inside. These helper cells are also part of the network of cells that help to fight off viruses and other disease agents that try to attack the body. AIDS is the last stage of the HIV infection when the immune system is severely damaged and can no longer fight common infections or diseases.

According to the CDC, a person infected with HIV is considered to have AIDS once their healthy cells drop below 200 and/or they are diagnosed with an opportunistic or AIDS related infection.[94] Common opportunistic infections include Kaposi's sarcoma (KS), an AIDS defining cancer that causes lesions on the skin; Pneumocystis Pneumonia (PCP), a fungal infection that can cause a fatal pneumonia; and Candidiasis, more commonly known as Thrush, a fungal infection of the mouth, throat and/or vagina.[95]

Although no documented evidence was found to substantiate blame being placed on a particular ethnic or religious population for the AIDS pandemic, in the early days of HIV, homosexuals and intravenous drug users were blamed for the spread of the infection

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[93] "Perinatal Infection," Center for Disease Control, accessed November 21, 2012, http://www.cdc.gov/hiv/topics/perinatal/resources/factsheets/perinatal.htm.

[94] "Prevalence of Diagnosis and Undiagnosed HIV infection – United States, 2008-2012," Morbidity and Mortality Weekly Report, accessed November 22, 2012, http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a1.htm?s_cid=rr5710a1_e.

[95] "Opportunistic Infections," AIDS.org, accessed May 26, 2013, http://www.aids.org/topics/aids-factsheets/aids-background-information/what-is-aids/hiv-testing/cd4-t-cell-tests/opportunistic-infections/.

and thus was assumed to be God's punishment for these sins.[96] People and families lived in shame because of their own or a family member's infection. Some turned their backs on infected family members and/or church members. Others lived by the "don't ask, don't tell" motto. People in Africa, Jamaica and other parts of the world continue living in fear that someone will discover their status. In Jamaica, men who have sex with men (MSMs) live in fear of being beaten and/or killed because of their sexual choice, not to mention being HIV+. African countries, such as Uganda, Kenya, Zimbabwe, and South Africa, just to name a few, have also been ravaged by HIV/AIDS. Those infected are often ousted from their villages – viewed as being cursed.

Many children have been left orphaned in the wake of the AIDS pandemic. Some, boys and girls alike, as young as two years old are raped because of the myth that AIDS can be cured by sleeping with a virgin. Even more horrific are the so-called cleansing ceremonies that are performed on babies to rid them of the "demons"; ceremonies in which the village medicine man/woman literally burn the infant's scalp or insert a hot stick/rod in the infant's ear as a means to draw the demon out.[97]

Although there have been no reports of anyone suffering abuse or being killed in the United States, based solely on their HIV status, many people still live with the fear of rejection due to stigma associated with HIV/AIDS. Additionally, though difficult to prove, there continue to be reports of people living with HIV/AIDS (PWLH/A) losing

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[96] Justin S. Ukpong, "Leprosy: Untouchables of the Gospel and of Today," in *The Return of the Plague*, ed. Jose Oscar Bezzo and Virgil Elizondo. (London: SCM Press, 1997): 63.

[97] Information received from the adoptive parents of a 9yr. old Ugandan female patient at a local Children's Hospital.

their jobs once their employer discovers an employee is HIV infected.[98] While cases of HIV infected persons being terminated from their medical insurance existed in the early days of HIV/AIDS, today, PLWH/A are sometimes afraid to accept health insurance from their employer for fear of their health condition being exposed.

Stigma and ignorance, as seen in acts of blatant and subtle cruelty occur on a daily basis. Some of this cruelty is due to a lack of education, while in some cases it appears to be intended acts, due to persons of apparent intellect choosing to act in ignorance. Unfortunately, the worse of these can be seen in the medical field as well as in the church. Fortunately, people are not dying at the same rate, today, as they were twenty-five or thirty years ago. However, it could be said that Luther's beliefs would not have changed concerning the poor, sick and dying. His use of the scripture to argue his case concerning Christians serving those inflicted and suffering from the Black Death would also serve to affirm his stance concerning those infected with HIV, and even dying of AIDS related illness.

Being labeled an untouchable carries with it a social stigma whether in the Gospels or in today's society. As such, this stigmatization will also carry with it a level of harm that will affect the psyche of victims with HIV/AIDS and other diseases.[99] Stigma is the result of unchecked fear. Throughout history, whenever fear of the unknown has run rampant, stigma was not too far behind. Uncontrolled fear not only causes communities, churches and families to separate over insignificant issues, the resulting stigma can be devastating for the victim; building walls around them and the society in

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[98] Information obtained through reports from HIV+ consumers receiving Ryan White benefits at a local AIDS Service Organizations.

[99] Ukpong, "Leprosy," 67.

which they live. Stigma, results in victims becoming marginalized. And when this happens, entire societies begin to discount the significance and needs of those who have been labeled as untouchable. Although blatant persecution of PLWH/A, is rarely seen in the United States, it could be said that people are "sacrificed" when our government and other systems of power choose not to fight for the marginalized and disenfranchised. When there is a lack of access to appropriate healthcare and medication resources; dollars needed to educate the community about pandemic level diseases are cut; and information about available resources are withheld from those in need, this might be considered blatant or at least subtle martyrdom.

The recent political uprising concerning gay marriages still raises the issue of one group deciding who our forefathers – political and/or religious – were referring to when they said we all were created equal. This means equal treatment for all regardless of the choices or mistakes made by a particular group of people. As Christians, we are called to love our neighbor unconditionally. We are also called to serve unconditionally. When the church loses sight of its mission and its purpose, it becomes no different than the society around it. In the eyes of those same leaders, Jesus presented as one strangely drawn to the cast offs and the outcasts. Jesus associated with sinners and essentially taught those who followed him that because God knows the heart of man, we too can know how to minister to the lost and dying of this world (Acts 15.8; 1 John 3.20). This is important because as human beings we judge the outward appearance to determine the worth of a man.

In his essay, "Leprosy: Untouchables of the Gospel and of Today", Justin Ukpong looked at and discussed the unconventional way Jesus approached the so-called untouchables. He points out that instead of rebuking them, as the Jewish leaders often

expected, Jesus stood in alongside and interacted with them. He showed them love, compassion and healed them.[100] So is the mission of the church whether the Black Death or HIV/AIDS; we must serve as Jesus served. HIV/AIDS, like the Black Death, does not discriminate.

It has and continues to affect young and old, rich and poor, those living in urban and rural towns, the church and unchurched alike. Additionally, it has crossed the waters affecting most every continent in the world; some more than others. Therefore, for pastors and the church body, in general, there should be no questions concerning whether to serve those infected or affected.

When Jesus left the command for the disciples to "Go therefore and make disciples of all nations, baptizing them in the name of the Father, and of the Son and of the Holy Spirit"[101], he did not instruct them to go only those who look like them or who were desirable. He instructed them to reach out to everyone. Thus, if the church is to be the hands and feet of Jesus, it must stop picking and choosing who it wants to serve and begin responding as Jesus did in the Gospels. Jesus entered the homes and spaces of those infected and affected by many diseases. He met the lepers where they were and bid them to come to him not fearing for his own life. He felt they, too, needed a healing and loving touch from God. He did not concern himself with whether their infirmities were a result of sin or not. He only sought to introduce them to his Father.

We have attempted to consider the history of the church's actions during epidemic and/or pandemic diseases, specifically The Black Plague, and considered our

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[100] Ibid., 69.

[101] Matthew 28:19

responsibility, as Christians, regarding stigmatization of the untouchables of this world. It becomes clear that Jesus set a standard for us to follow. The standard should move us to love like Jesus did. We were not called to stand in judgment of the sick among us; we are called to serve them. This does not mean just those in high authority and offices, but also those who have been marginalized and by whatever means, stigmatized because of how they are viewed in society.

Theological Foundation

> "…I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited to me…Truly I tell you, just as you did it to the least of these who are members of my family, you did it to me" Matt.25:35-40.

This section of the document will explore ecclesiology from the perspective of liberation theology, and the need for healing and salvation for the oppressed and ultimately the church. The church's identity as an agent of change and place where the sick, suffering, as well as the oppressed, can find refuge is foundational to this project. Attention will be given to the impact stigma has on individuals and the community as well as how it ultimately prevents the church from ministering to the sick, the afflicted, the infected, the poor, disenfranchised, and the lost. A foundation will be set establishing what stigma is and its effects on the world as a whole.

It should be stated that the effects of stigma on the world have been greatly translated into the "world" of the church, meaning the church is not immune to the devastation that stigma has caused and is causing today. Some biblical information will

be shared as the Bible is used to detail how stigma is demonstrated in the Scriptures and what Jesus tried to do in showing us the way out of the ravages of stigma.

Since the focus of this project is on HIV/AIDS, references will center on this particular disease. As stated earlier, it is important to define stigma in order to understand its effects and/or address it. As such, for the purpose of this project, stigma will be defined as the judging and subsequent rejection or dismissal of any person based on real or perceived deviance from a norm established by others. The next section is a discussion of the nature of the church and what the theological tradition has said about its calling. It is followed by an overview of the nature of the contemporary, or today's church and the theology concerning its identity and calling.

Identity and Calling of the Church

During Jesus' ministry and during the early days of the church, the focus was on making disciples for the Kingdom of God, which is the command Jesus left in Matthew 28:19, when he said, "Go therefore and make disciples of all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit." Additionally, early church communities looked out for one another and when a member of the community was sick, others rallied to pray, comforted, and help to care for them.

Thought to be early writings designed to instruct Christian communities on their conduct towards one another, the Didache, also known as "the teachings of the apostles" encouraged members of the community to:

> Give to everyone who asks you, and don't ask for it back. The Father wants his blessings shared. Happy is the giver who lives according to this rule, for that one is guiltless. But the receiver must beware; for if one receives who has need, he is guiltless, but if one receives not having need, he shall stand trial, answering why

> he received and for what use. If he is found guilty he shall not escape until he pays back the last penny.[102] Do not hesitate to give, and do not complain about it. You will know in time who is the good Rewarder; and Do not turn away from one who is in want; rather share all things with your brother, and do not say that they are your own. For if you are sharers in what is imperishable, how much more in things which perish![103]

This is not to say the early church was perfect. It was not. One might look at Ananias and Sapphira,[104] in Acts 5, as such an example.

Arguments and in-depth discussions regarding what characteristics should make up the true church have existed throughout its history. Should the church be viewed from the vantage point of being redeemed by Christ in terms of representing a perfect and infallible society? Should it be hierarchical with one priest, reflecting our subordination to God or should all be priests as equal brothers and sisters of Christ? Some of our early theologians had similar yet different views of the nature and function of the church.

Pope Leo I, also known as Leo the Great says, "The sign of the cross makes all those who are born again in Christ kings, and the anointing of the Holy Spirit consecrates them all as priests."[105] As such, he believed that all Christian believers, as members of a royal people, had a shared partnership in the priestly office of Christ. This is especially true when it comes to their role in ministry. Additionally, he held the belief that laity

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[102] Tony Jones, ed. and trans., "The Didache – The Complete Text," The Didache Online, accessed October 12, 2014, http://www.paracletepress.com/didache.html.

[103] Ibid., 4:7-8.

[104] This is the story of a husband and wife who sold a piece of their property and brought a portion of the profit back to share with the community. This would not necessarily have been a problem, except Ananias was attempting to deceive Peter and the rest of the community. Through the Holy Spirit, Peter discerned Ananias' heart, exposing his lie. Ananias immediately fell dead. Shortly, thereafter, Sapphira came on the scene, not knowing what had happened to her husband. When Peter asked her if this was the entire amount they received for their property? She also lied, Peter pronounced the same judgment on her. She also died immediately.

[105] Alister E. McGrath, ed, "Leo the Great on the Ministry within the Church" in *The Christian Theology Reader, 4th Ed.* (King's College, London: Wiley-Blackwell, 2011), 413.

holds as much responsibility, in ministry, as the priest because we all belong to the priesthood of Christ.

This belief was founded in his understanding of the biblical passage 1 Peter 2:9, which says, "But you are a chosen race, a royal priesthood, a holy nation, God's own people, that you may declare the wonderful deeds of him who called you out of darkness and into his marvelous light."[106] This is important since in his time, like today, priests were held in the highest esteem and were presumed to be the only ones able to do the work of the church.

Additionally, the priests, considered "royalty," were not required to pay taxes, thus the burden of taxes fell on the laity who were themselves poor. Speaking out against this practice, Pope Leo I asserted that both laity and the priests where equal in the body of Christ. Therefore, both priest and laity were responsible to do the ministry of the church and everyone should pay their own taxes.

Augustine, however, viewed the church as a hospital. He believed the church was not and should not be viewed as a pure or exclusive body, but rather as mixed with both saints and sinners stating:

> The church is a place of healing for people who know that they stand in need of forgiveness and renewal. The Christian life is a process of being healed from sin, rather than a life of sinlessness, as if the cure were completed and the patient restored to full health. The church is an infirmary for the sick and for the convalescents. It is only in heaven that we will finally be righteous and healthy.[107]

He based his belief on interpretation of the parable of the weeds among the wheat, in Matthew 13:24-31. Jesus would agree with Augustine's interpretation and said as

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[106] Ibid.

[107] Alister E. McGrath "The Doctrine of the Church," in *Christian Theology: An Introduction, 5th Ed*. (King's College, London: Wiley-Blackwell 2011), 381.

much in Matthew 9:11-13, when he told the disciples, “Those who are well have no need of a physician, but those who are sick.” Jesus cautions us to consider our own plight before we judge the plight of others. In Luke 6:37, Jesus says, “Do not judge, and you will not be judged; do not condemn and you will not be condemned…”

He further says, in Luke 6:41, “Why do you see the speck in your neighbor’s eye, but do not notice the log in your own eye?” Stigma, in Jesus’ mind, meant that we have forgotten the state in which we are in and have misused our ability to see the sin in others. Instead of offering grace and mercy, which God gives to us in abundance, we use judgment, separation, guilt and shame in an attempt to show ourselves better and worthy of separating from those not like us.

Martin Luther, an early reformer of the Protestant church, would agree with Leo the Great that all Christians as a priesthood of believers are equal in the body of Christ and should therefore participate equally in ministry. He placed a greater emphasis on the preached word and spent very little time on what “action” the true church should or is responsible to make in response to hearing the preached word. Luther believed the focus of the church should be on the Word of God. And wherever the Word of God was preached causing the hearer to respond in true obedience, this is where the church existed. He asserted, “Anywhere you hear or see [the Word of God] preached, believed, confessed, and acted upon, do not doubt that the true *ecclesia santa catholica*, a ‘holy Christian people’ must be there, even though there are very few of them.”[108]

Concerning the offices and responsibilities within the church, he would also agree with Leo the Great, that there is no fundamental distinction in status between priests and

[108] McGrath, “The Doctrine of the Church,” 381.

laity. He believed that as "a priesthood of believers" all Christians are priests by virtue of their faith, baptism and the gospel. Therefore, distinctions should only be made as it relates to the different "office or function" and "work or responsibility" in which each is entrusted.[109] While it is understood that "office and function" relates, in this case, to the office and function of the priests, it is not clear exactly what "work and responsibility" in which Pope Leo I and Luther are referring to that laity would be considered equal and eligible to participate. However, it may be accurate to say that the work and responsibilities lay inside the walls of the church building and center around the preached word and the administration of the sacraments.

John Calvin, another of our early reformers, made an assessment not far from that of Luther in that he believed, "Whenever we see the Word of God purely preached and listened to, and the sacraments administered according to Christ's institution, it is in no way to be doubted that a church exists."[110] But one might question, if the Word of God is being preached is the purpose of the church being fulfilled?

During the fourteenth century plague, known as the Black Death, Martin Luther addressed the question of "Whether One May Flee from a Deadly Plague" in this letter to the Rev. Doctor Johann Hess.[111] He acknowledged that some people believed death is punishment from God for our sins, and as such to run from it would be seen as wrong and a reflection of ones lack of belief in God.[112]

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[109] McGrath, Alister E. "Martin Luther on Priests and Laity" in *The Christian Theology Reader, 4th Ed.* (King's College: London: Wiley-Blackwell 2011), 419-20.

[110] McGrath, "The Doctrine of the Church," 382-83.

[111] Martin Luther "Whether One May Flee," 119-38.

[112] Ibid., 120.

However, he was not opposed to the belief others held concerning the acceptability of one fleeing death only if they did not hold a public office and specifically addressed the issue of city and governmental officials leaving their towns and villages as well as that of Christians deserting their call to the ministry of service. Luther believed those belonging to the body of Christ have an obligation to stay and serve the dying. According to Luther, the only way pastors were excused to leave their responsibility of service was if they left someone in their place to provide spiritual services.

He did not have any argument against the person who flees death when it does not affect ones neighbor. However, he pointed out that just as one might run into a burning house, help to extinguish it, or jump into deep water to aid a neighbor; and provide food and water to the hungry and thirsty when no one else is around to do it, then in the same way one should remain to help their neighbor in sickness.[113] Ultimately, Luther believed the love of God, and that for others, should compel the Christian to stay and care for the sick and the dying, even at the risk of losing one's own life; as this is the will of God. He asserted:

> This I well know, that if it were Christ or his mother who were laid low by illness, everyone would be so solicitous and would gladly become a servant or helper. Everyone would want to be bold and fearless; nobody would flee but everyone would come running. And yet they don't hear what Christ himself says, "As you did to one of the least, you did it to me" (Matt. 25:40). When he speaks of the other commandment, he says, "The other commandment is like unto it, you shall love your neighbor as yourself" (Matt. 22:39). There you hear that the command to love your neighbor is equal to the greatest commandment to love God, and that what you do or fail to do for your neighbor means doing the same to God.[114]

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[113] Ibid., 123-25.

[114] Ibid., 130.

Therefore, many Christians remained in the wake of the Black Death, serving those infected; giving last rites and comforting the dying and/or nursing others back to health. Some became infected and died themselves, but this did not seem unreasonable to him. He believed it was, in fact, the ministry they had been called to do. Jesus said, in John 13:35, "By this, everyone will know that you are my disciples, if you have love for one another." If we believe this to be true, then the true church must find a way to become more than its edifice. The local church as well as the church universal must become more than an institution that "rightly" administers the sacraments. It must become the Word of God in action – serving the least of these, introducing the lost to Christ and teaching them what it means to become Christ-like in a chaotic world.

St. John Chrysostom of Constantinople, (340-407), was one who understood and took seriously Christ's mandate to show love for one another. During his priesthood, he "zealously fulfilled the Lord's command to care for the needy. Under St John, the Antiochian Church provided sustenance each day to as many as 3,000 virgins and widows, not including in this number the shut-ins, wanderers and the sick."[115] If the church is to be the hands and feet of Jesus, there must be a willingness to serve the least of these in our society, showing love for one's neighbor. While he was acutely aware of the humiliation and sufferings the poor had to endure, Chrysostom faithfully encouraged people to bear their own poverty and suffering; and commended the life of voluntary poverty for those who had wealth.

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[115] "St. John Chrysostom the Archbishop of Constantinople," The Orthodox Church of America, 1996-2014, accessed October 12, 2014, http://oca.org/saints/lives/2014/11/13/103292-st-john-chrysostom-the-archbishop-of-constantinople.

Believing it to be a means of helping eliminate poverty altogether, he further encouraged the citizens of Antioch to share their belongings with one another, just as the early church did.[116] Chrysostom did not hesitate to demonstrate his point within his sermons. For instance, in one such sermon series, he focused on the parable of Lazarus and the rich man[117] to discuss the dangers of wealth and benefit of poverty.

Is every rich person doomed to condemnation and every poor person saved? According to Chrysostom, this is not necessarily the case. He asserted the rich man's greatest fault was in his neglect to give alms, failing in his duty to help his neighbor. Yet, Lazarus, by enduring his own sufferings without complaining, built spiritual health.[118] Concerned more about the spiritual well-being of humankind than he was about material well-being, Chrysostom says, "if we are to store up treasures in heaven, we must both observe the commandment of love towards our neighbor and practice the asceticism appropriate to our circumstances for the benefit of our own souls."[119]

Identity and Calling of the Church Today

Theologians and leaders today continue to seek to define the identity and calling of the church in a world of need. William C. Spohn, author of "Go and Do Likewise:

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[116] John D. Jones, "St. John Chrysostom and the problem of wealth," Communion website of the OrthodoxPeace Fellowship, accessed October 13, 2014, http://www.incommunion.org/2007/05/09/st-john-chrysostom-and-the-problem-of-wealth/.

[117] Luke 16:19-21

[118] St. John Chrysostom, "On Wealth and Poverty," trans. Catharine P. Roth (Crestwood, NY: St. Vladimir's Seminary Press, 1984), 12.

[119] Ibid.

Jesus and Ethics", addresses the issue of identity, which he believes is "the most basic aspect of the moral psychology."[120]

He says who we are, is birthed out of our actions and our relationships. As such, the identity of the church is birthed out of the identity of those who make it up. The Christian identity is one of relationship and not individualistic. According to Spohn, "Christians have been claimed by God and a community so their destiny is bound up with others.

Becoming a disciple of Christ changes the individual at the very core of her being."[121] This change is referred to in the New Testament as being born again (John 3:3), and the old passing away and all things becoming new (1 Cor. 5:17). Spohn goes on to say, as Disciples of Christ, our identity is formed when we identify with the person, cause, and community of Jesus, which cannot be separated. "Disciples are committed to the person of the master and those whom he is concerned about; his cause is the reconciliation and healing reality of the reign of God."[122] In other words, according to Spohn, when we begin to identify ourselves with Jesus, then our behavior should begin to align with his. "Those that belong to Christ ought to feel and act as he does."[123]

In his article, "Notes for a Theology of Liberation", Gustavo Gutierrez seeks to answer the question of the church's mission by first defining the terms theology and liberation. He says, "to ask the theological meaning of liberation is to really ask the

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[120] William C. Spohn, *Go and Do Likewise: Jesus and Ethics* (New York, NY: Continuum International Publishing Group, Inc., 2007), 163.

[121] Ibid.

[122] Ibid., 164.

[123] Ibid., 165.

meaning of Christianity itself and the Church's mission."[124] Having said this, he talks about the functions of theology being meditation on the Bible for the purpose of spiritual progress, in the first centuries, with a gradual move to a science in the twelfth century. Gutierrez sees "the essential to St. Thomas' work is that theology is the fruit of the meeting of faith and reason."[125] Yet, he goes on to assert that more recently, theology can be viewed as a critical reflection on the Church's pastoral action.[126]

In other words, how the church functions, is in direct relation to its theology. What the church chooses to do and not do also speaks to its theology. Additionally, Gutierrez asserts a renewed importance placed on charity as the center of the Christian life has resulted in faith being seen more biblically, as a commitment to God and neighbor. From this perspective, he says, when we have an understanding of faith, that understanding leads to a commitment and a change in attitude towards life in response to the revealed Word.[127] In other words, when the Word of God is revealed to us, our faith should change our hearts and move us to action.

Mike Slaughter would agree with this assertion. In his book, "Change the world: recovering the message and mission of Jesus," Slaughter says, "Our churches reflect the economic homogeneity of our culture more than they do the priorities of the kingdom. More frequently they resemble exclusive fraternal organizations than they do the body of

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[124] Gustavo Gutierrez, "Notes for a Theology of Liberation," *Theological Studies* 31, no.2 (June 1, 1970): 243, accessed September 22, 2014, *ATLA Database with ATLASerials*, EBSCO*host*.

[125] Ibid., 244.

[126] Ibid.

[127] Ibid.

Christ."[128] He backs his assertion with scripture in James 2:5-7, which he says points to the fact that we are guilty of economic favoritism.[129] So, Slaughter would say that the church has a responsibility to minister to the poor. He talks of "the missional church" which he says, seeks to be active in moving out and engaging the world in the places of great need rather than marketing the world inside the church.[130]

Pointing to the book of Acts for an example of what the church should look like, Slaughter says the early Christians constantly moved beyond the so-called institutional walls and doctrines to fully demonstrate the good news of the Kingdom. Finally, Slaughter says, "they were being the visible expression of God's right-side up values in an upside down world."[131]

Another liberationist, Raymond Sommerville, Jr., in his article, "Lift up your voice like a trumpet!"[132], calls for the black church, specifically, to wake up in light of the HIV/AIDS pandemic. He reminds us of a time, in the 1960s and 1970s, when the black church was involved and motivated in the organization of various outreach ministries and community services targeting the poor and disenfranchised, including food and clothing pantries, social services and family support, health fairs, job training and

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[128] Mike Slaughter, *Change the World: Recovering the Message and Mission of Jesus* (Nashville, TN: Abingdon Press 2010), 4-5.

[129] James 2:5-7 says, "Listen, my dear brothers and sisters: Has not God chosen those who are poor in the eyes of the world to be rich in faith and to inherit the kingdom he promised those who love him? But you have dishonored the poor. Is it not the rich who are exploiting you? Are they not the ones who are blaspheming the noble name to whom you belong?"

[130] Slaughter, *Change the World*, 2.

[131] Ibid., 4.

[132] Raymond R. Sommerville, Jr., "'Lift up your voice like a trumpet!' Mobilizing African-American Churches to Respond to the HIV/AIDS Pandemic," *Journal Of The Interdenominational Theological Center* 35, no. 1-2 (2008): 247-257, accessed September 23, 2014, *ATLA Religion Database with ATLASerials*, EBSCO*host*.

political mobilization. He attempts to remind readers as well as black clergy of a time when the black church, was invested in the health and well-being of inner city African-American communities.[133] In addition to pointing out the negative effects of the so-called African-American megachurch's move to suburban communities, he asserts "too many African-Americans pastors and churches can be accused of abandoning their historic mission of offering prophetic and holistic ministries in their communities."[134] He goes on to challenge African-American clergy and churches to get involved by "honestly confronting our own involvement in the silence, denial, ignorance and homophobia that is leading to preventable deaths in our churches and communities."[135]

There has been much said about the effect of stigma on society. Many things bring separation between two parties that need each other but no separation is as great in our world as the separation caused by stigma. Friends leave friends, family members separate from other family members, and church members find themselves alone and on their own because of stigma. Stigma takes place in any and every segment of our society. It does not discriminate based on age, gender, sexual preference, race, ethnicity or economic class. The effects of stigma know no limits and does not exempt. Anyone can find themselves the victim of stigma. However, many people with varying physical and/or developmental handicaps, mental illness, and especially HIV/AIDS find themselves the victims of discrimination and stigma. The effects of stigma can be short-term or long lasting. Therefore, the church's relationship with the stigmatization of people is important to theological discussions concerning ecclesiology. Stigma is seen,

[133] Ibid., 248.

[134] Ibid., 249.

[135] Ibid., 253.

felt, understood and despised by those who experience it. Stigma can be based in varied reasons that are perceived as being valid or invalid. It needs no explanation, from the perspective of those who participate in using it to deal with those around them. It should be noted that stigma is not a new phenomenon. It has been around for centuries and used as the justification for many of the horrific deeds that have placed a black mark on the history of the world.

The Holocaust can be cited as a prime example of the most extreme trajectory of stigma. Although Hitler was not the so-called author of anti-Semitism, during this time, he used the already present dislike for Jews as a means to promote his own ideas, leading many to believe that the Jews were the reason for the loss of World War I as well as the economic depression during the 1930.[136] Sadly, "while the Jews were the primary target, many other ethnic, religious, secular and national groups that suffered during the Holocaust, including Poles, Czechs, Greeks, Gypsies, Ukrainians, and Russians, as well as homosexuals, mentally and physically handicapped, Jehovah's Witnesses, trade unionists, prisoners of war and countless others. All were targeted because of their perceived "racial inferiority".[137] In this example, stigma was used as a weapon to further the agenda of a man who many consider, now, to have been insane. Although "there were many German Christians who went along with Hitler becoming the voice of Nazi ideology within the Evangelical Church,"[138] there were also a small fraction of German

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[136] "The Holocaust," United States History, accessed October 13, 2014, http://www.u-s-history.com/pages/h1677.html.

[137] Ibid.

[138] Victoria Barnett, "Dietrich Bonhoeffer: Opposition," United States Holocaust Memorial Museum, accessed April 13, 2015, http://www.ushmm.org/information/exhibitions/online-features/special-focus/dietrich-bonhoeffer/opposition.

Evangelical Christians, including Dietrich Bonhoeffer, who believed the church had a definite responsibility in fighting political injustice. He wrote:

> The church must fight evil in three stages: The first was to question state injustice and call the state to responsibility; the second was to help the victims of injustice, whether they were church members or not. Ultimately, however, the church might find itself called "not only to help the victims who have fallen under the wheel, but to fall into the spokes of the wheel itself in order to halt the machinery of injustice.[139]

It is possible to recall the various events that were driven by stigma: the Salem Witch hunts, slavery, Black Death, and most recently HIV/AIDS just to name a few. Additionally, as pointed out in the previous account of the Holocaust, people with physical and/or mental disabilities can also be included in those stigmatized populations. "The Americans with Disabilities Act (ADA) of 1990, patterned after the Civil Rights Act of 1964, challenges myths, attitudes, segregationist practices and working conditions that have kept many people with disabilities in poverty and housebound. This legislation equates denying people with disabilities access to employment, buildings, public accommodations, transportation, or communication services with denying access to someone on the basis of race, religion, or gender."[140] Yet, the question of what part stigma plays in the discussion of the doctrine of the church continues to hang in the balance. Nancy Eiesland points out, in her book "The Disabled God,"

> The history of the church's interaction with the disabled is at best an ambiguous one. Rather than being a structure for empowerment, the church has more often supported the societal structures and attitudes that have treated people with disabilities as objects of pity and paternalism. For many disabled persons the

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[139] Victoria Barnett, "Dietrich Bonhoeffer: The Church and the Jewish Question," United States Holocaust Memorial Museum, accessed April 13, 2015, http://www.ushmm.org/information/exhibitions/online-features/special-focus/dietrich-bonhoeffer/church-and-jewish-question.

[140] Nancy L. Eiesland. *The Disabled God: Towards a Liberatory Theology of Disability* (Nashville, TN: Abingdon Press), 19.

> church has been a "city on a hill" – physically inaccessible and socially inhospitable.[141]

Sadly, the church is plagued with a long history of its participation in allowing stigma to force misdirected decisions that have led to terrible events.

In his essay, *Leprosy: Untouchables of the Gospel and of Today*, Justin Ukpong looked at and discussed the unconventional way Jesus approached the so-called untouchables. He points out that instead of rebuking them, as the Jewish leaders often expected, Jesus stood alongside and interacted with them. He showed them love, compassion and healed them.[142] Jesus entered the homes and spaces of those infected and affected by many diseases. He met the lepers with compassion, where they were, and bid them to come to him not fearing for his own life. He felt they, too, needed a healing and loving touch from God and did not concern himself with whether their infirmities were a result of sin or not. He only sought to introduce them to His Father.

Being labeled an untouchable carries with it a social stigma whether in the Gospels or in today's society. As such this stigmatization will also carry with it a level of harm that will affect the psyche of victims with HIV/AIDS and other diseases.[143] Stigma is the result of unchecked fear. Throughout history, whenever fear of the unknown has run rampant, stigma was not too far behind. Uncontrolled fear not only causes communities, churches and families to separate over insignificant issues, the resulting stigma can be devastating for the victim; building walls around them and the society in

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[141] Ibid., 20.

[142] Ukpong "Leprosy," 67-70.

[143] Ibid., 67

which they live. For the church, the love of God in Christ has ultimately cast out fear.[144] Therefore, fear should no longer rule over the actions of the church. Stigma results in victims becoming marginalized and when this happens, entire societies begin to discount the significance and needs of those who have been labeled as untouchable.

For thirty years, the HIV/AIDS pandemic has been a crisis to the world around us; whether domestically or internationally, issues surrounding HIV/AIDS have plagued our countries, communities, and families. Although people who have access to life-extending antiviral medication are not dying at the alarming rates once displayed in newspaper headlines, and there is still no cure. Stigma and shame continue to be carried by those who are infected and affected.

Additionally, there still remains a quiet undertone of fear by those infected that someone will find out.[145] Every leper and demoniac in the New Testament was found separated from the rest of the community. Understandably, with potential for causing others to become "unclean", lepers were required to undergo a period of isolation or quarantine. Yet, often this was done without compassion or empathy. Additionally, the Gerasene demoniac lived in the graveyard. One could assert, though contagious and/or potentially dangerous, had love, grace and mercy been extended, neither lepers nor the demoniac would not have experienced stigma as outcasts of the community. Lepers would not have been alone living in caves or other isolated communities and the

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[144] 1 John 4:18

[145] In the spring/summer of 2008, I had the opportunity to be part of a team, including members of our local public health department, asked to provide HIV education to a congregation at a Ghanaian church. The pastor apologized for to the absence of many of his congregants. Not long after, I was sharing the experience with one of my Ghanaian clients who informed me that he and his wife attended that church but did not come to church on that particular Sunday for fear that I would disclose their HIV status to the congregation.

demoniac would not have been living in the graveyard. John said, "Perfect love casts out fear."[146] Although it is not known whether love alone is the key to dispelling stigma, it is a starting point.

Stigma and ignorance, as seen in acts of blatant and subtle cruelty occur on a daily basis. Some of this cruelty is due to a lack of education, while in some cases it appears to be intentional acts, due to persons of apparent intellect choosing to act in ignorance. Stigma not only affects those persons being judged as somehow "unworthy" to be treated as everyone else, but it also affects families and entire communities. Stigma has no boundaries and again, knows no limits. Anyone can be labeled as: "Untouchable – Keep away." Jesus' message, however, remained the same. We must love all and offer them the love that God has for them, regardless of the way they look or their situation. Responding with the love and compassion of God is the answer.

What of the HIV/AIDS pandemic? Does the same mandate still ring true? In light of the Black Death, if still alive today, one could argue that Luther would have the same thoughts and opinions regarding the church's responsibility towards the poor, sick and dying. Surely, if he used the scripture to argue his case concerning Christians serving those inflicted and suffering from the Black Death, he would also find those very scriptures useful in affirming his stance concerning those infected with HIV, and even dying of AIDS related illnesses.

In her article, "The Responsibility of Compassion: A Biblical Foundation", Dr. Peggy Jo Wobbema asserts that compassion was central to the ministry of Christ and flowed towards those in need. She further points out that compassion is not a passive

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[146] 1 John 4:18

state in which one simply observes from the sidelines. Compassion calls for action. "It is the heart felt care for another person with both intent and action. It exemplifies the character of God in who He is and how He responds to His children."[147] She says, "Compassion holds the basic meaning of sympathizing with others in distress with the desire to alleviate their suffering. Compassionate care for people is a part of the broader duty of keeping God's commandments. God's people are to love their neighbors."[148]

This command to love one's neighbor goes beyond those we know – friends, family and neighbor – it extends to those we do not know as well as our enemies (Matthew 5:43-48; Luke 10:30-37). Therefore, it is clear, she asserts, "one cannot love God and not love those whom God loves. Conversely, an individual cannot love his neighbor with divine quality without loving God deeply."[149]

As Christians, we are called to love like Jesus loved as well as to serve the least of these. When the church loses sight of its mission, it is at that point it begins to align itself with society and subtly paves the way for separation and stigmatizing by way of particular sin. Jesus did not align himself with the religious leaders. Rather, he loved and showed compassion to those who were the untouchables of society. Jesus associated with those considered to be sinners and essentially taught those who followed him that because God knows the heart of man, those belonging to the local church can also know how to minister to the lost and dying of this world (Acts 15:8; 1 John 3:20). This is important because as human beings we tend to judge the outward appearance as a means

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[147] "The Responsibility of Compassion: A Biblical Foundation," The Network: A Called Community of Women, accessed June 2, 2015, http://wim.ag.org/0904/0904_the_responsibility.cfm.

[148] Ibid., 2.

[149] Ibid., 4.

of determining the worth of a person. Jesus has set a standard for every Christian to follow. The doctrine of the church and its theology should move us all toward the standard to love like Jesus did; and to view each other as God views us. The Church was not called to stand in judgment of the sick it was called to serve them. This does not mean serve only those in high authority and offices, or those with great wealth, but also serving those who have been marginalized and by whatever means, stigmatized because of how they are viewed in society. The Church must seek the heart of the Father in order to see beyond the physical person. As Jesus taught, in John 8:7, let any of us who is without sin, cast the first stone.

Conclusion

From the beginning the disciples took from Jesus a lifestyle that dictated a response from Christians involving more than just an emotional response but also a physical one. We were responsible to build a community that loved and cared for each other in real and tangible ways. Early theologians like Leo the Great and Luther echoed the same sentiments, calling for equality between the laity and priesthood as it responds to the needs of the congregation and the community.

The church has seen a change throughout the years as the emphasis on word versus works has played out through history. Early church leaders placed emphasis on the Word of God and the Sacraments as most important to the identity of the church. While in some cases this same emphasis has remained, as time has changed contemporary theologians have called for a more social justice response to the world, believing our faith calls us to take action in the world wherever action is needed.

In this section, I have explored the identity of the early church comparing it to the contemporary church as it relates to being an agent of change, using the perspective of liberation theology. Attention was given to the impacts of stigma on individuals and the community as well as how it has prevented the church from carrying out what I believe to be its ultimate responsibility to serve the least of these.

In the Biblical section, we explored the story of Job as it pertained to the beginnings of stigma and how those afflicted are made to assume responsibility for their own illness, especially when the church participates in stigmatization by equating wrongdoing with sin and suffering. As this section concluded a look at the passage regarding the Good Samaritan highlights our responsibility to those afflicted regardless of where they are found. As the church we cannot afford to pick and choose whom we care for – we must care for and love all. It could be said that stigma would have no place or ground to grow in the midst of a caring response to the needs of those who are suffering.

Within the historical section emphasis was placed on the church's response to the Black Death, comparing that response to the church's response to HIV/AIDS today. Theologians like Luther called for the church to stay and serve, as opposed to running for its life. Luther believed that our responsibility as God's people was to stay and serve the sick and afflicted with little to no thought for our own safety or survival. Contemporary theologians like Spohn, Gutierrez, Slaughter, and Wobbema would most likely agree, but also believe the church has a responsibility to minister to the impoverished. In both cases (during the time of Luther and today in the midst of facing the pandemic of HIV/AIDS) a remnant has risen to the challenge to meet the needs of those suffering with an illness that has no cure. Ignorance is pervasive and causes most to hesitate to rise to the challenge.

However, if the church is to be the hands and feet of Jesus, we must take the challenge to position ourselves as leaders in our communities even when the position is against the norm of society.

As Messer asserts, Christian attitudes towards prevention must change. It is not enough to only teach principles based on abstinence and faithfulness, but the church must also grasp a more realistic and responsible sexual ethic.[150] We must take up the charge given by Jesus long ago and seek to serve him by serving the least of these. Stigma will not go away until the church shows the world how to love the way Christ taught us to love, which is a non-judgmental love towards everyone regardless of their position in society.

[150] Messer, "Breaking the Conspiracy of Silence," 111.

CHAPTER FOUR

METHODOLOGY

Project Goals and Objectives

The problem asserted in this project suggests the Christian church, today, has not done a good job of fighting against the injustices that stigma brings to individuals infected with HIV/AIDS. This project proposes to develop and implement a church-based initiative to reduce or eliminate HIV-related stigma.

The project has two goals. First, this project aims to raise awareness, dispel myths and decrease stigma related to HIV/AIDS in the community of faith at NSMBC. The initiative serves as a means to have open and safe dialogue between church members and leadership around the taboo issue of sexuality in the black church and its community. More specifically, the project serves to educate participants concerning HIV/AIDS and the church's calling to show the love of Christ by welcoming all people, whether infected with or affected by HIV/AIDS, into the community of faith without assumption or judgment of past or present sin. The hypothesis for this project proposes that members who attend the four-part training series will gain a clear understanding of the effects of HIV/AIDS on the community and how stigma serves as a catalyst to perpetuate its spread.

Second, this project examines various means to educate participants about HIV/AIDS while also attempting to learn from people living with HIV/AIDS (PLWH/A) by asking questions that will allow one to see from their perspective.

The project will further provide answers to the following questions:

1. Does targeted education, including open dialogue, help to dispel myths about HIV/AIDS and thus reduce associated stigma?
2. Will a reduction in stigma also reduce the level of high risk sexual behaviors that put people at risk for contracting HIV and other Sexually Transmitted Infections (STIs)?
3. Will a reduction in HIV-related stigma help increase status disclosure among PLWHAs?

Methods

This project takes a qualitative narrative research methodology approach to assess knowledge, understanding, and potential for behavior change. Data were collected from pre and post surveys which were administered to participants attending a four-part training series, a focus group consisting of HIV+ patients of the FACES Program, and open forums to record the stories of individuals living with HIV/AIDS. The focus group and open forums consisted of presenting participants with open-ended questions regarding individual experiences with HIV-related stigma. Additionally, the open forums and focus group served as a catalyst to open dialogue within the training sessions.

The methods chosen were not required to be in any particular order and, at one point, were being conducted simultaneously. First, a focus group session was conducted on November 20, 2014 in the private meeting room at a local Donato's Pizza restaurant. The group, made up of five HIV+ female patients who receive their care at Nationwide Children's Hospital FACES Clinic, was a random sampling of patients responding to an open invitation. These ladies were also regular participants of the FACES Women's Support Group. The following questions were used to generate conversation regarding participant experiences with stigma:

1. What is Stigma?
2. How has stigma impacted you?
3. Have you disclosed your status? Why or not why?
4. Do you belong to a community of faith? If not, why?
5. Describe your ideal support system/community.

Next, a four-part series of Fireside Chats were held each week at New Salem, beginning January 4, 2015 and ending January 25, 2015. A pre and post survey was distributed. (see Appendix A) Participants consisted of a random sampling of church members, including Associate Ministers, Ministry Leaders, lay participants, male/female adults and young adults responding to an announcement in the church's weekly e-Newsletter (see Appendix C) and announced by the pastor over the pulpit. Participants were encouraged to attend each training session. However, each training session remained open for others wishing to attend. Each participant was asked to complete a pre survey at the first session.

The survey was administered prior to the HIV 101 training. Upon completion, answers were discussed and surveys collected. The review served as a discussion springboard to the HIV 101 portion of the training.

The purpose for asking participants to take the survey prior to the HIV 101 session was to determine their level of knowledge about HIV as well as their understanding of how it is spread and/or prevented. The survey also helped to bring myths about HIV to the surface and biases towards those living with the virus. The survey consisted of ten multiple choice questions geared to evaluate each participant's knowledge and understanding of HIV, as well as their beliefs and values. Nine participants attended the first session. Four additional participants joined the training series at the second session and were asked to complete a survey prior to the start of the second session on sexual risk. Due to time constraints, these surveys were not reviewed openly with participants. Participants joining the training series after the second session were not given a pre survey.

The second session of the training series consisted of a discussion on sexual risk. In this session, individuals were asked to participate in an activity allowing them to engage with the Risk Continuum (see Appendix B). The purpose of having participants engage with the Risk Continuum was to test their knowledge about what behaviors put people at risk for contracting HIV.

The third session consisted of two HIV+ young adult guests, one female and one openly gay male, sharing about their individual experience living with HIV, difficulties with disclosure, as well as any experience with stigma in general or specific to stigma perpetuated within their church settings.

Prior to the start of this session, participants were asked to complete a post survey. The survey consisted of the same questions asked in the pre survey. The purpose of completing the survey at this juncture is to evaluate each participant's level of learning since taking the pre survey. Additionally, no further educational information would be presented from this point. During this session, participants were invited to engage with the guests, asking questions that would help them better understand the impact HIV has had on their lives, including that of HIV-related stigma. Out of respect for privacy, participants were cautioned not to ask personal questions probing into how either guest came to contract their virus.

Finally, session four consisted of an open dialogue centered on developing a response to HIV/AIDS within NSMBC. Prior to the start of this session, one participant who had been absent during the previous session, was asked to complete a post survey. After completing the post survey, participants asked to give dialogue to the following two questions:

1. What does the Bible say?
2. What should be our response?

The third and final method used for this project consisted of open forums in which two openly gay young adult men, one heterosexual young adult woman, and two heterosexual teenage girls shared their personal stories about living with HIV/AIDS, including their experience with stigma. Three of the five individuals live in the United States and two of the females are residents of Honduras.

One of the young ladies was a current resident and the other a former resident of Montana de Luz, a home for children infected and affected by HIV/AIDS located in Nueva Esperanza, Honduras. The former resident had the occasion to be visiting Montana de Luz during the same time in which I was there. It was later explained that she aged out of the program and now resides with family five hours away.

CHAPTER FIVE

FIELD EXPERIENCE

The purpose of the project is to develop a church-based initiative to educate leaders and lay members of the NSMBC community of faith, by raising awareness, dispelling myths, and decreasing stigma related to HIV/AIDS. This initiative serves as a catalyst to open discussions around taboo topics of sexuality in the black church and its community. It further serves as a reminder of the church call and responsibility to love our neighbors as ourselves; and by loving our neighbor we show our love for Christ. The hypothesis proposes that members who attend the four-part training series will gain a clear understanding of the effects of HIV/AIDS on the community and how stigma serves as a catalyst to perpetuate its spread.

The degree to which this project was conducted included one focus group, pre/post surveys from the training series, and individual stories from PLWHA and relate to the impact of HIV on the community as well as the church. The analysis of the three methods help to provide an understanding of the impact the church's silence has had on the issue of HIV and related stigma. It also provides a framework for how transparency and education can assist in eliminating HIV-related stigma by changing one's perspective and belief system regarding people living with the virus.

The impact is evident in the voices of PLWHA and the stories shared. It is also evident in the answers provided by participants on their pre/post surveys.

Focus Group

The focus group was made up of five HIV+ female patients who receive their care at Nationwide Children's Hospital FACES Clinic. The focus group session was conducted in the community at a local Donato's Pizza restaurant. The following questions/statements were used to generate conversation regarding participant's experience with stigma:

1. What is Stigma? Words used to answer this question include:
    - mean, uncaring, judgmental, rude, uneducated, disrespectful, stupid, stereotypic, unfair, unknowing, ignorance, hurtful
2. How has stigma impacted you? Words used to describe the personal impact of stigma include:
    - Seclusion, antisocial, can't be myself, people treat you like you're sick, no acceptance, more aware of other stigmatized groups, withdrawn, depression, lose friends/shunned, no one wants to talk about it, exposure, lonely, dating
3. Have you disclosed your status? Why or not why? Yes. Words used to answer the question include:
    - Support, sex, children, raise awareness, helps you deal with yourself, gain friends

4. Do you belong to a community of faith? If not, why? Although each of the participants considers themselves to be Christian, only four of the ladies reported belonging to a community of faith. Of the ladies who belong to a community of faith, and have disclosed to one or more in their community, these were some of their responses:
    - "Pastor said, 'Don't Claim it'; "they know about it, but don't talk about it"; "Current pastor's wife knows"; "former pastor was my lifesaver."
    - One individual reported no formal community of faith stating, "It's just me and God."
    - Another young lady who attends a local fellowship, but has not disclosed to anyone in that community says, "I won't tell them"; "Judgmental"; "gossiping."
5. Describe your ideal support system/community.
    - Understanding, loving, positive support, listening, caring, being able to talk, healing, friends, being normal, having a shoulder to cry on, feeling free

Fireside Chats

The proposed project consisted of four one-hour workshop seminars called "Fireside Chats." The project initially intended for the Fireside Chats to be attended by church leaders. As stated earlier in the Context Analysis section, the leadership structure at new Salem includes Associate Ministers, Deacons, Deaconess, and CARE Group Shepard Leaders. However, since there was not a means in which to guarantee participation from the desired population, sessions were opened to all participants.

The open participation resulted in a random sample of participation from leaders including Associate Ministers and Staff, as well as lay congregants, who have involvement, in some capacity, in ministry. Although the Fireside Chats were conducted as open forums, allowing participants to join and attend as many sessions as they were able, participants were asked to commit to attending all four sessions, if possible.

During the first session, prior to the HIV 101 discussion, participants were asked to complete an anonymous pre survey (See Appendix) to assess their initial knowledge of HIV/AIDS. The pre survey consisted of ten true/false and multiple-choice questions. Nine persons were present for the first session. Of the nine participants, three received a perfect score; one answered eighty percent of the questions correctly; one answered seventy percent of the questions correctly; one answered sixty percent correctly and three answered fifty percent of the questions correctly. An analysis of questions answered is as follows:

1. HIV and AIDS are interchangeable. (True or False)
    a) True -- 15.38% or two participants responded in this manner.
    b) False*[1] -- 84.62% or eleven participants responded in this manner.
2. List four fluids that transmit HIV: (Multiple Choice)
    a) Blood – 7.69% or one participant chose this response
    b) Saliva – 7.69% or one participant chose this response
    c) Sexual Fluids – semen and vaginal fluids – 0% of participants chose this response
    d) Breast Milk – 0% of participants chose this response

[1] Asterisks in this section indicate the correct answer.

e) All of the above – 46.15% or six participant chose this response

f) A, C, and D only* – 38.46% or five participants chose this response

3. How does a person know they have HIV? (Multiple Choice)

    a) They lose weight – 0% of participants chose this response

    b) They get sores all over their bodies – 0% of participants chose this response

    c) Their body parts start to fall off – 0% of participants chose this response

    d) Only a test will tell* – 100% or thirteen participants chose this response

4. Sexually promiscuous, drug users, and gay people are the cause of HIV transmission. (True or False)

    a) True – 30.77% or four participants chose this response

    b) False* – 69.23% or nine participants chose this response

5. HIV is curable through: (Multiple Choice)

    a) Medication – 7.69% or one participant chose this response

    b) Vaccine – 0% of the participants chose this response

    c) Currently there is not cure for HIV* – 92.31% or twelve participants chose this response

6. How does a person know they have AIDS? (Multiple Choice)

    a) CD4 count of 200 or below – 7.69% or one participant chose this response

    b) They have it when they find out they are HIV+ -- 15.38% or two participants chose this response

c) One or more opportunistic infections – 0% of the participants chose this response

d) A and C* –76.92% or ten participants chose this response

7. HIV can be spread through: (Multiple Choice)

a) Unprotected sex – 0% of participants chose this response

b) Blood, Tattoos, Piercings, and Sharing Needles – 0% of participants chose this response

c) Saliva and Sweat – 0% of participants chose this response

d) All of the above – 53.85% or seven participants chose this response

e) A and B* -- 46.15% or six participants chose this response

8. HIV is punishment from God.**[2] (True or False)

a) True – 8.33% or one participant chose this response

b) False* – 91.67% or eleven participants chose this response

9. What do you say to a HIV+ person who wants to have children?** (Multiple Choice)

a) HIV+ women will pass their virus to their unborn child(ren) – 25% or three participants chose this response

b) People with HIV can have children if they want – 0% chose this response

c) People with HIV will never be able to have children – 0% chose this response

d) A HIV+ person can prevent their unborn child(ren) from getting HIV – 8.33% or one participant chose this response

[2] Double asterisks indicate where one participant did not complete the pre survey.

e) Both B and D* – 66.67% or eight participants chose this response

10. What makes a person at risk for HIV?** (Multiple Choice)

a) Coming in contact with someone's blood – 0% chose this response

b) Sharing needles for tattoos, drug use or other medical purposes – 0% chose this response

c) Having unprotected oral, vaginal, or anal sex – 0% chose this response

d) All of the Above* -- 100% or twelve participants chose this response

e) None of the Above – 0% chose this response

The second session consisted of decision-making discussion using the Risk Continuum (see Appendix). Four new participants came to this session. These participants were given the pre survey (included in the above analysis) prior to the discussion on Decision Making. Of the new participants, one answered all the questions correctly, two answered eighty percent correctly, and one survey was incomplete. The total number of participants completing a pre-test survey was thirteen. Of the thirteen participants four answered all the questions correctly; three answered eighty percent correctly; one answered seventy percent correctly; one answered sixty percent of the questions correctly; three answered fifty percent correctly; and one survey was submitted incomplete.

Prior to the start of the third session, participants were asked to complete a post survey. The survey consisted of the same questions that were asked in the pre survey. It should be noted that only six participants attended this session. One possible factor effecting attendance for this session is weather related.

On this particular Sunday, February 1, 2015, there was a snowstorm predicted and many participants stayed home. Of the participants completing a post survey, four answered all the questions correctly; one answered ninety percent correctly; one answered eighty percent correctly; and one answered only sixty percent of the questions correctly. Post-survey responses are below:

1. HIV and AIDS are interchangeable. (True or False)
    a) True – 0% chose this response
    b) False – 100% or seven participants chose this response
2. List four fluids that transmit HIV: (Multiple Choice)
    a) Blood – 0% chose this response
    b) Saliva – 0% chose this response
    c) Sexual Fluids –Semen and Vaginal Fluids – 0% chose this response
    d) Breast milk – 0% chose this response
    e) All of the above – 28.57% or two participants chose this response
    f) A, C, and D only* – 71.43% or five participants chose this response
3. How does a person know they have HIV? (Multiple Choice)
    a) They lose weight – 0% chose this response
    b) They get sores all over their body – 0% chose this response
    c) Their body parts start to fall off – 0% chose this response
    d) Only a test will tell* – 100% or seven participants chose this response
4. Sexually promiscuous, drug users, and gay people are the cause of HIV transmission. (True or False)
    a) True – 0% chose this response

b) False* – 100% or seven participants chose this response

5. HIV is curable through: (Multiple Choice)
    a) Medication – 0% chose this response
    b) Vaccine – 0% chose this response
    c) Currently there is no cure* – 100% or seven participants chose this response
6. How does a person know they have AIDS? (Multiple Choice)
    a) CD4 count of 200 or below – 28.57% or two participant chose this response
    b) They have it when they find out they are HIV+ -- 0% chose this response
    c) One or more opportunistic infections – 0% chose this response
    d) A and C* – 71.43% or five participants chose this response
7. HIV can be spread through: (Multiple Choice)
    a) Unprotected Sex – 0% chose this response
    b) Blood, Tattoos, Piercings, and Sharing Needles –0% chose this response
    c) Saliva and Sweat – 0% chose this response
    d) All of the above – 14.29% or one participant chose this response
    e) A and B* – 85.71% or six participants chose this response
8. HIV is punishment from God for sin. (True or False)
    a) True – 0% chose this response
    b) False* – 100% or seven participants chose this response

9. What do you say to a HIV+ person who wants to have children? (Multiple Choice)
    a) HIV+ women will pass their virus to their unborn child(ren) – 0% chose this response
    b) People with HIV can have children if they want – 28.57% or two participants chose this response
    c) People with HIV will never be able to have children – 0% chose this response
    d) A HIV+ person can prevent their child(ren) from getting HIV – 14.29% or one participant chose this response
    e) Both B and D* -- 57.14% or four participants chose this response
10. What makes a person at risk for HIV? (Multiple Choice)
    a) Coming in contact with someone's blood – 0% chose this response
    b) Sharing needles for tattoos, drug use or other medical purposes – 0% chose this response
    c) Having unprotected oral, vaginal or anal sex – 0% chose this response
    d) All of the above – 100% or seven participants chose this response
    e) None of the above – 0% chose this response

Overall, the scores showed improvement from the pre surveys. In comparing participant responses between the pre and post surveys, the following was observed: On the pre survey, 84.62%or eleven participants answered question one correctly, while in the post survey 100% or all seven participants responded correctly, indicating a positive increase in participant understanding of the difference between HIV and AIDS. In

question two, there was an increase in correct responses from 38.46% to 71.43%. In each instance, five participants provided the correct response. This is indicative of increase participant knowledge since there were a greater number of participants taking the pre survey, eight of which responded incorrectly and there were only two incorrect responses on the post survey. There was no difference shown in response to questions three and ten as 100% of the participants in both the pre and post surveys responded correctly, indicating a solid understanding of how one know they have HIV and the behaviors that put people at risk for HIV. One person skipped question ten on their pre survey.[3]

Questions four and eight were asked as a means of evaluating the participant's belief system. As such, there was a marked change in responses to question four between the pre and post surveys. In the pre survey, 30.77% or four participants stated their belief that HIV transmission is caused by "sexually promiscuous, drug users and gay people." However, 100% or all seven participants taking the post survey noted that this was a false statement. In question 8, 8.33% or one participant stated a belief that "HIV is punishment from God for sin." This question was skipped by one participant. However, in the post survey, 100% of the participants noted this as a false statement.

Differences were seen between the pre and post survey responses for question five. In the pre survey, 7.69% or one person responded that HIV is curable through medication. However, 100% of participants taking the post survey were aware there is currently no cure for HIV. Question six showed a higher percentage (76.92%) or ten correct responses on the pre survey than what was shown on the post survey (71.43%) or

[3] It is not known whether the participant purposely did not answer questions 8-10 or if they forgot to answer them. These questions were on side 2 of the document.

five correct responses. This can be explained by the difference in the total number of participants taking the pre survey (thirteen) and those taking the post survey (seven).

Another marked difference in responses is seen in question seven. Both the pre and post surveys show six participants gave a correct response on this question however the difference in the percentage of correct responses between the pre survey (46.15%) and the post survey (85.71%) was almost doubled. Again, this can be attributed to the difference number of participants taking the surveys. Put another way, 53.85% or seven participants responded incorrectly to this question while only 7.69% or one participant responded incorrectly on the post survey. Although it could be said that there was an increase in knowledge regarding how HIV is spread, there is also the possibility that the single incorrect response on the post survey belonged to the one participant who did not attend the HIV 101 training during the initial session.

Finally, on question nine, 66.67% or eight participants taking the pre survey reported being aware that positive individuals can have children without spreading their virus to their child. Only 57.14% or four participants taking the post survey gave a correct response. Interestingly, while three participants taking the pre survey chose an incorrect answer, three participants chose responses that would have normally been correct minus the “B and D” response.

As stated earlier, findings from the pre and post survey analysis show an overall improvement in survey scores which is indicative of improved learning about HIV as well as a change in beliefs about people with HIV/AIDS. Participants seemed to gain an increased awareness about HIV/AIDS and reportedly enjoyed discussions centered on facts, where they were able to openly ask their questions. This was possibly the first

event of this sort, at NSMBC, allowing open and honest discussion about HIV/AIDS including the topic of sexuality where individuals could voice their personal beliefs without fear of persecution while at the same time giving correct information and dispelling myths.

During the third session, two HIV+ young adult guests were invited to share their experience with HIV-related stigma with the group. Our guests shared their stories concerning their experience living with HIV, including stigma, in general, and specifically stigma as it related to their experience inside the church. Participants were encouraged to engage with the guests through questions with one exception.

Out of respect for our guests, participants were asked to respect the privacy of each guest as it related to how the virus was contracted. However, in addition to sharing their experience with stigma, our guests felt comfortable and were willing to share how they contracted the virus.

The first guest, Tara,[4] a twenty-five year old heterosexual female, shared the difficulties with disclosing her status with others. She talked especially about meeting new sexual partners who initially say they are okay with her status, but when things do not work out, "they put your business on blast." For this reason, she shared her initial decision not to disclose her status but found this was more "stressful" than disclosing. Tara shared that for a time, only her best female friend knew, but after they got into a disagreement a year ago, the friend disclosed her status on Instagram. Obviously, this ended the friendship, but not before there was an onslaught of negative and hateful comments posted about her.

[4] Tara's name has been changed to protect her identity.

Tara further shared her trepidation with disclosing to her church family after sharing her status with her pastor's wife who initially seemed supportive and expressed a desire to have Tara conduct a series of HIV education sessions with the youth/young adult department at church. However, whenever Tara approached her first lady, she was seemingly pushed away or given the brush-off. As of the time of this project, Tara has not engaged in any HIV education at her church and has not pursued the issue any further. Tara feels this may be the closest she has come to being stigmatized from within her church community.

Our second guest, Darrell,[5] a twenty-four year old MSM,[6] shared with participants his experience of dealing with his diagnosis and having to disclose to his family. He acknowledged the difficulties with this because he had just come out to them about being gay. As the youngest in his family, Darrell admitted his mother took the news very hard, but has remained supportive. His older siblings are also supportive. Darrell denied any significant experiences with HIV-related stigma but admitted mostly experiencing stigma related to his sexuality more than anything. He shared being very active in the gay and HIV communities as well as in his church.

When asked if he had disclosed to any of his church family and their response, Darrell reported he disclosed to the youth pastor of his church before telling his family. This was a big step because he was not sure how he would be received. Fortunately, his youth pastor was supportive and encouraged him to tell his mother. This also helped him be more at ease with disclosing to his pastor. Darrell, however, admits he has not

[5] Darrell's name has been changed to protect his identity.

[6] Man who has sex with men.

disclosed to any others in his congregation because it has not been necessary. Although openly gay, and not ashamed of being HIV+, Darrell shared that he just does not see the need to "announce it to the world."

After the time of sharing, one participant opened up about her journey with her HIV+ son who is also gay. She shared her concerns about his recent decline in health and desire for him to be closer to home where she could participate in his recovery. She expressed her thanks to our guest for sharing their stories and asked questions that would help her to better assist her son with accessing resources where he is and know what questions to ask his medical provider. This was not an expected outcome, neither was it a surprise since there tends to be at least one infected or affected person in every group setting. Group participants provided support and encouragement for her bravery in sharing.

The fourth and final session centered on participants working to develop a Christian Theology for how NSMBC should address HIV-related stigma. Prior to the start of the session, one participant was asked to complete a post survey due to being absent during the previous session (results including in the post survey analysis above). Again, attendance for this session was low with only five participants attending. Possible factors contributing to low attendance this week included more bad weather and the start of another class/training being offered at the same time.

Two questions were used as springboards to develop the theological statement, which will be forwarded to the spiritual leader and pastor, Dr. Keith A. Troy, at a later date. The first question helped set the foundation for the discussion: What does the Bible

say? The second question narrowed the focus to determine the appropriate response: What should be our response?

The first question generated the following responses:

- God commands us to love our neighbor. This is not an option as seen in both the Old and New Testaments. (Lev. 19:18; Luke 10:27)
- God commands us to forgive. (Eph. 4:32; Col. 3.13)
- Iron sharpens iron. (Prov. 27:17)
- Sin is sin – there is no big or little sin in God's eyes. "We all have sinned." (Rom. 3:23)
- If you have done it to the least of these, you've done it to me. (Matt. 25:32-45)
- We must have an understanding of the meaning of Biblical Restoration. (Gal. 6:1-3)
- We must have an understanding of the meaning of Biblical Judgment. (Matt. 7:1-3)

The second question generated the following responses:

- We must continue to inform/educate others as well as ourselves. (Hosea 4:6)
- We must understand God's word and apply it appropriately. (2 Tim. 2:15)
- Operate in the Fruit of the Spirit. (Gal. 5:22-23)
- Offer the gift of touch.
- Show compassion, love, and patience (see the Fruit of the Spirit).
- Provide support and resources.

The exercise of discovering what the Bible says about how the church or we as Christians are to treat each other, even those outside our community, served as a reminder

to the remaining participants that we all have a responsibility to love and care for those who walk through our doors. It specifically opened the door to a discussion about a group of gay and lesbian young adults who have found themselves worshipping in the midst of the NSMBC community of faith on Sunday mornings.

Although some participants were unaware of this presence, none of them expressed an opposition to this group of young people being allowed to remain a part of the community. Additionally, the exercise revealed many participants did not feel empowered to assist congregants they might encounter with HIV. One participant asked if it were appropriate to refer people with HIV/AIDS to SALEM ACTs, the church's HIV Ministry. While this would be appropriate, participants were encouraged and empowered to provide basic support, encouragement, and understanding to those in need regardless of their condition, pointing out some of the suggestions listed in the second question concerning our response.

Since all participants except one had attended the HIV101 session, they were also encouraged to utilize what they had learned. Participants suggested a list be compiled to assist congregants with finding resources for HIV support in the community. It was agreed that a general resource directory was necessary for all local Social Service needs, including Homelessness and Mental Health services. I will work on this project as well as that of completing the Theological statement with the SALEM ACTs team.

Their Story

Although not a planned part of this project, I had the opportunity to travel to Honduras, Central America, in January 2015, with a service group called Youth Across

Borders (YAB).[7] The purpose of this trip was to provide a cross-cultural experience between HIV+ youth living at in a children's home called Montana de Luz and youth/young adults from Central Ohio. Montana de Luz (MdL)[8] or "the Mountain of Light" serves children infected and affect by HIV/AIDS. Many of the children come to MdL because their parents cannot care for them. Some come due to being orphaned and remaining family members either cannot or do not want to be responsible for providing their care.

During our visit, there was an opportunity to sit down and talk with some of the older girls. This was a time of sharing allowing them to share their experience of living with HIV/AIDS. Since this is a mixed group (HIV+ and HIV-) many of the girls do not like talking about their illness. However, all of the children at MdL are supportive of one another. This particular evening two of the positive YAB females began to share their experience living with HIV to help start the discussion. The following are testimonies (given through an interpreter) of three MdL teens:[9]

Evelyn, 19, a former resident at MdL, through tears, gave a lengthy testimony of how her brothers were initially "loving and accepting" of her when she would go home to visit. "But when I left here and came to live with my brother, it was not long before he began treating me bad. He doesn't help me. He says I have to work and contribute to the house. But I also have Epilepsy and when I have seizures at work, then I get discharged (fired). I do not make a lot of money. I hardly have enough money to feed myself, but this does not matter to my brother. Sometimes I ask God, "Why have you allowed me to

[7] From the point referred to as YAB.

[8] From this point referred to as MdL.

[9] Permission was given to use the names and relay the stories of these young ladies.

live?" Evelyn's mother died from an AIDS related illness. She shared how much she misses her mother but continues on believing God has a purpose and plan for her life.

Nichole, 16, had a difficult time sharing her story. Upon starting to share the story of how her family treated her and did not want to keep her because of her HIV, she broke down into sobs refusing to share any further. It took Nichole several minutes to gather herself and re-engage with the group.

Finally, Lala, 14, decided to share. "When I went home for Christmas, my family would not let me play with my cousins because I have HIV and they didn't want me to spread it to them. They made me eat off paper plates and plastic utensils. Even when I told them that it wasn't spread like that, they did not listen. I brought gifts home for my cousins, but I didn't give it to them because I know my family would have thrown them away and not let my cousins keep them." By the end of her story, Lala, too, was in tears.

Each night, after our daily interactions, the team from Columbus participated in a debriefing of sorts. Because this was an evening in which all the girls spent time together, there was not a formal debriefing. However, as I later processed with the two female youth from Ohio, they shared how difficult it was listening to the stories these young girls shared. One young lady from the Ohio team admitted she had not disclosed her status to her boyfriend, due to fears of being rejected, similar to these girls. Since returning home, she has disclosed and reports she and her boyfriend are still together. I believe the experience has made a positive impact on the Ohio youth that will continue for many years to come.

CHAPTER SIX

REFLECTION, SUMMARY, AND CONCLUSION

Personal reflections

Since the day I decided to do this project, it seems I have been met with challenge after challenge. The first challenge I experienced occurred when I dipped into a period of depression, including thoughts of suicide. In that time it felt as if God had abandoned me. I was not able to pray or read the Bible. However, on the days I struggled the most, I could hear the still small voice of God reminding me He was near and that He loved me. Less than a year later, I was diagnosed with breast cancer, which was quickly followed by the death of my eldest brother. It is as if something or someone somewhere has been on a mission to prevent this initiative from ever coming to fruition. However, from these challenges I have learned perseverance. Along with perseverance, I gained a greater dependence on God. Proverbs 3:5-6 encourages us to "Trust in the LORD with all your heart, and do not rely on your own insight. In all your ways acknowledge him, and he will make straight your paths." So, I have had to learn to trust God even when it does not make sense. When I did not feel God near, I had to trust and believe God's word that says, "I will never leave or forsake you" (Heb. 13:5b).

Trusting God in times of chaos and uncertainty has also helped me to better understand the importance of how we go through our challenges.

So many people are watching and waiting, perhaps giving you license to "curse God and die," similar to Job's wife. But the purpose and plan of God has compelled me to persevere and not to give up.

It has become even more important for me to keep moving forward in spite of the stumbling blocks I encounter along the way. Throughout my journey with God, I have come to learn He does not allow challenges to come in our lives for us to isolate ourselves. He allows the challenges in order for us to learn to be transparent enough to help another brother or sister who may be going through the same or similar situation. I am always surprised and blessed whenever someone walks up to me and shares how they have been encouraged by my testimony. You never know who is watching or who is in the midst when you share what you are going through. Some I know, but many I do not. But they have secretly and quietly been watching and listening and are able to take courage from the example they have seen and apply it to their own situation.

In addition to personal challenges, I also encountered challenges perpetuated by one of the church department heads resulting in the delay and, ultimately, the postponement of my project start. Since the initial plan was to access participants, including Shepherd Leaders from within each of the small group Bible studies, known as CARE Groups at NSMBC, it was necessary to work with the Director of Maturity. However, each time I requested a roster of CARE Group participants or asked permission to access Shepherd Leaders to discuss my plan of action, I received what felt to be the brush off. There were even times when I would attempt to schedule the start of the Fireside Chats and be given excuses why I could not get a room to hold the series.

Once, I was told the pastor wanted to delay starting the workshop series because of another training that was taking place. I later found this was not true and that the pastor was not even aware of what I was doing.

Tired of feeling like I was being brushed off and needing to talk with the pastor about another matter, I was able to schedule a meeting to discuss my concerns. It was at that time, Pastor expressed his support for starting the workshop series after the first of the year and before I knew it, the project was underway. Once the series started, there were conflicts concerning room assignments and an overall unwillingness to help get the task accomplished. One might say this behavior was perpetuated by a passive aggressiveness rooted in stigma.

Developing a church-based initiative to reduce or eliminate HIV-related stigma may have been a larger undertaking than I realized. Although the project ultimately was completed successfully, there were also challenges that were experienced and perhaps could have been avoided. One such change would be to meet with Pastor Troy from the start. While I was encouraged to go through the proper channels, which did not involve the pastor, this resulted in several delays and was very time consuming. I think by starting the initial discussion with Pastor Troy, he would be able to provide some insight into a better or different way to launch the workshop series, thereby attracting my intended audience, church leadership, including a larger number of male participants.

An additional observation is I did not have a cohesive team to assist with conducting the Fireside Chats. During the initial planning phase, it was agreed that the Salem ACTs team would assist with conducting each of the four sessions.

In the midst of delays with launching the Chats, and my own health challenges, the co-leader of the ministry stepped down, due to what I would later discovered was for personal health concerns. This would not have been such a bad thing except the ministry is already small, with four to five active members, including me and my co-leader. In addition to losing my co-leader, one of the other more active members became pregnant with her first child, and began having difficulties, making her presence too inconsistent to be a benefit. Therefore, the burden of planning, organizing, developing the framework, and producing the Chats was solely on me. I should note my former co-leader willingly stepped in to facilitate one session while I was out of the country in January. Additionally, one of my context associates lent her administrative gifting to help insure I was organized as well as assisted with facilitating the final session.

Suggested improvements and/or next steps

Because organization is not my strong suit, in the future, I would make sure there was at least one person on the ministry team with gifting in the area of administration. One person trying to complete a project that is supposed to be a team effort utilizing various skills sets, is very difficult to do and makes for a very slow process.

A possible improvement for this project might include widening my net to conduct the Fireside Chats at one or two other churches as a means of broadening my participant base. While I realize this could be very cumbersome regarding the data collection and analysis, I am prone to think the data might look a little different. By opening up participation opportunity for church contexts similar to that of New Salem's, I not only gain a larger data field, but this would open the possibility for a larger leadership

audience. Additionally, it would provide potential for workshops to be conducted with each of the church's general congregation.

Another potential improvement would include looking to get a better balance of participants for my focus group. All of the members of my focus group, for this project, were women. Thus, I was only able to get a heterosexual woman's point of view concerning stigma and its effects. I would like to have had some input from both heterosexual and gay men to see if their perspective of HIV-related stigma differed. Ideally, I would have one group with a mix of heterosexual and gay men and women. If that were not possible, perhaps a separate group for men and women or gay and straight would provide some insight. Nevertheless, given more time, I would have attempted to conduct a focus group consisting of all males.

In addition to a better representation in the focus group, I would also get a better mix of stories. Again, there was no lack of stories from women. This may have been because most of the patients served in the FACES Clinic are women. However, with planning, there is potential for accessing men living with HIV at other AIDS Service Organizations (ASOs), such as AIDS Resource Center Ohio and the Greater Columbus Mpowerment Center, in the community. Because many heterosexual men are not as willing to share their stories, for fear of being seen as gay, I would have to be more intentional with finding stories from this population.

As I look to next steps for this project, I have already been contacted by a staff member of the Great Columbus Mpowerment Center, an ASO targeting MSMs of color, within the Columbus area. The hope is for the ASO to partner with communities of faith

to provide on-site HIV/STI testing along with HIV education. Since this is a church-based initiative, nothing would need to be changed or adjusted for these audiences. However, if the collaboration found us in the community general portions of the project would need to be eliminated or tweaked to meet the need of the target audience.

Unfortunately, the African-American church, today, places a greater emphasis on the preached word than it does acts of service. As a result, only about ten percent of black congregations actually participate in service related ministries. This is not to condemn pastors or the members of these churches, but rather only to state a fact. I sit in my own church Sunday after Sunday as my pastor attempts to light a fire under congregants (as well as leaders) trying to emphasize the need to get involved in ministry, but to no avail.

When thinking of other ways to attract or draw church leaders to the conversation of HIV/AIDS and specifically to the discussion of reducing or eliminating HIV-related stigma, I have considered encapsulating this project into a leadership conference. The conference would be hosted by New Salem, with other local church leadership invited to attend/participate. This conference would focus specifically on serving. By providing a conference specifically targeting leadership and focusing on service ministry, issues surrounding difficult topics such as mental illness, and HIV/AIDS, etc. would be addressed more in terms of learning to how to serve church members or those within the local community rather than from a social justice perspective. Workshop topics would focus on the question of "How to serve those with…?" or "How to address this issue within our community?" More specifically, the HIV portion would provide HIV 101 information, and move to how leadership can start a HIV ministry within their context (if needed/wanted) and/or how to meet the needs of people with HIV/AIDS, including

addressing issues of stigma within their church context. As a mean of preventing participants from opting out of topics there are uncomfortable with, all topics would be presented in the large group forum, rather than break-out sessions.

As mentioned in earlier sections, I have had the privilege of traveling to Africa on two previous occasions as well as to Honduras, at the beginning of this year. In most cases, there has been an opportunity for me to participate in some type of HIV education with students, and/or villagers. In addition to packaging this project for leadership, it is hoped to be provided to church congregations and/or community members. Another "next step" idea for this project is to be able to provide it to international churches and/or communities impacted by HIV/AIDS. During previous mission trips to Africa, there were opportunities for various workshops to be completed. My hope is to return to Botswana, South Africa again or some other country and be able to conduct this project to the church or community. This would be especially beneficial for dispelling myths and reducing HIV-related stigma in those areas.

Conclusion

The journey to complete this initiative to reduce HIV-related stigma has been wrought with challenges. However, it has also been littered with personal victories, growth and successes. Looking at the personal victories, I can say without a doubt that I am a survivor. I have survived a personal battle with depression, breast cancer, and the loss of my brother, persevering in spite of the many hurdles placed in front of me. I struggled and overcame many frustrations associated with completing the MDiv

equivalency while simultaneously completing the DMin, learning to wrestle with biblical and theological ideologies needed to develop a ministry project.

In evaluating the data collected, the project can be viewed as a successful starting point that can be built upon and employed not only in church communities, but also within the general community. Participants who engaged in the process and completed all four sessions expressed an improvement or increase in their knowledge base concerning HIV. Some who had pervious training found the sessions to be a good refresher and welcomed the updated information. Those who did not complete all sessions still expressed an appreciation for the information that was presented in the session or sessions they did attend. Additionally, I was encouraged to discuss the possibility of making at least a portion of this training available during the New Salem's pre-marital classes.

NSMBC has long held the motto of being "The church that cares." I believe it to be a progressive church that is not only "The church that cares," but one that is moving towards being a church that shows the love and compassion of Jesus to all who enters through their doors. Pastor Troy continues to teach and demonstrate what it means to truly "Love your neighbor," and to "serve the least of these" without compromise.

Although the partnership between New Salem and the FACES Program has been terminated, the FACES Program continues to serve the community at large educating and providing treatment to all who continue to be at risk for contracting HIV. The Outreach arm of FACES continues providing testing services in places such as family shelters and those providing food services to the homeless and impoverished populations. Both entities continue to be a bridge in the community, showing the importance of working

together despite their differences, and to raise their voices in the midst of this global pandemic. Until all of us are cured, none of us are cured.

APPENDIX A

PRE/POST-SURVEY QUESTIONS

1. HIV and AIDS are interchangeable terms.
    a. True
    b. False
2. List 4 Fluids that Transmit HIV.
    a. Blood
    b. Saliva
    c. Sexual fluids – semen and vaginal fluids
    d. Breast milk
    e. all of the above
    f. a, c, and d only
3. How does a person know they have HIV?
    a. They lose weight
    b. They get sores all over their bodies
    c. Their body parts start to fall off
    d. Only a test will tell
4. Sexually promiscuous, drugs users, and gay people are the cause of HIV transmission.
    a. True
    b. False
5. HIV is curable through:
    a. Medication
    b. Vaccine
    c. Currently there is no cure for HIV
6. How does a person know they have AIDS?
    a. CD4 count of 200 or below
    b. They have it when they find out they are HIV+
    c. 1 or more Opportunistic Infections (O.I.s)
    d. A and C
7. HIV can be spread through:
    a. Unprotected Sex
    b. Blood, Tattoos, piercings and sharing needles
    c. Saliva, and sweat
    d. All of the above
    e. A and B
8. HIV is punishment from God for sin?
    a. True
    b. False
9. What do you say to a HIV positive person who wants to have children?
    a. HIV+ women will pass their virus to their unborn child(ren).
    b. People with HIV can have children if they want.

c. People with HIV will never be able to have children.
d. A HIV+ person can prevent their unborn child(ren) from getting HIV.
e. Both b & d

10. What make as person at risk for HIV?
    a. Coming in contact with someone's blood
    b. Sharing needles for tattoos, drug use or other medical purposes
    c. Having unprotected oral, vaginal or anal sex
    d. All of the above
    e. None of the above

APPENDIX B

HIGH RISK BEHAVIOR EXERCISE

Time Required: 60-90 minutes

Materials: Signs labeled High Risk, Low Risk and No Risk

8 x 11 paper or cards with risk behaviors written, one to a card, masking

Tape, answer sheet (enclosed)

Procedure:

1. Make a continuum by placing High, Low and No Risk signs across a board or wall.
   HIGH RISK LOW RISK NO RISK
2. Divide the group into teams of 5-6.
3. Distribute the cards evenly among the groups and have tape pieces available for ready access. Then explain the directions.
   a. Each card contains a behavior. Place each card under the heading that you feel identifies the level of risk for HIV infection the behavior represents.
   b. High Risk/Red Light behaviors involve the exchange of blood, semen, breast milk, or vaginal secretions and pose a definite risk of transmitting HIV, the virus that causes AIDS. Low Risk/Yellow Light behaviors involve a barrier such as a condom, but there are activities during which exchange of body fluids might create some danger of transmitting HIV.
   c. No Risk/Green Light behaviors involve no exchange of blood, semen or vaginal secretions and thus pose no risk of transmitting HIV.
4. Give the groups five-ten minutes to discuss where their cards should be placed to be in the correct category and place them in the correct category, High, Low or No Risk. They may also place them between two categories on the continuum, because there are circumstances that make something more of a lower or higher risk.
5. Have the large group sit where they can all see the High, Low, No Risk continuum.
6. Ask the group to determine which answers are correct and why. Start with the No Risk behaviors. Determine if all the behaviors under Green are NO Risk. The group will argue about some, especially kissing or other behaviors they have misinformation about. For example they may say that showering is a risk because it may LEAD to intercourse. (Showering in itself is not a risk – we can stop ourselves at any time from having intercourse which is the risk.) This activity allows you to correct the information that people have by interacting with them instead of lecturing. As they discuss these behaviors they will learn the information better. Be certain you are accurate in your information.
7. Do the Low Risk behaviors next, and the High Risk behaviors last. If there are behaviors that fall between risk categories, (and there will be) just place them somewhere in the middle on the continuum. This visual display will also help individuals remember.

HIGH, LOW, NO RISK WORKSHEET

Facilitator Copy

Behavior	Correct Placement
1. Vaginal sex without a condom	High
2. Vaginal sex with a condom	Low
3. Oral sex on a man without a condom	High
4. Oral sex on a man with a condom	Low
5. Anal sex without a condom	High
6. Anal sex with a condom	Between High & Low
7. Self masturbation	No
8. Mutual masturbation	No/Low
9. Wet kissing	No
10. Dry kissing	No
11. Massage	No
12. Showering/bathing together	No
13. Romantic conversation	No
14. Sharing needles or other sharps without cleaning them	High
15. Sharing needles and cleaning them with bleach	High/Low
16. Doing drugs but not sharing needles	No/Low
17. Having sex with many partners w/out using a condom	High
18. Having sex with many partners and using a condom every time	Low
19. Having unprotected sex with a person who injects drugs or shares needles	High
20. Having sex with a person who injects drugs and using a condom	High/Low
21. Having sex with someone who has had many partners without using a condom	High
22. Having unprotected sex with a man who is having sex with other men	High
23. Sharing eating utensils with someone who has AIDS	No
24. Touching someone who has AIDS	No
25. Currently not having sex, but has had intercourse previously	Low/No
26. Never had oral or vaginal or anal sex	No
27. Body rubbing	No
28. Having sex with only one person (Who have they had sex with?)	No/Low/High
29. Hugging	No
30. Sexual Fantasy	No
31. Flirting	No
32. Having sex with a woman who is having sex with other women	High/Low
Having sex with a man who is having sex with other men or women	High

ADD additional behaviors that may be part of the culture of your participants' community.

For example:

sharing sex toys without washing with bleach between shares	High
sharing sex toys without covering with a latex/polyurethane condom	High
Sharing sex toys and covering with a new condom each time	Low

Partner doesn't use 'drugs' but gets high using _____

Adapted from the Behavior Risk Continuum found in the Be Proud! Be Responsible! Curriculum Manual.[96]

[96] Loretta Sweet Jemmott, John B. Jemmott, and Konstance McCaffree , *Be Proud! Be Responsible!: Strategies to Empower Youth to Reduce Their Risk for HIV Infection*. (New York: Select Media, 1996), 58-59.

APPENDIX C

BREAKING THE SILENCE OF THE LAMBS FLYER

HIV/AIDS: Breaking the Silence of the Lambs

4-week Seminar - beginning January 4, 2015 during the Sunday School hour.

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